



**1050 OLNEY AVE.  
Astoria, Oregon 97103  
Phone (503) 338-3878  
Fax (503) 325-3119**

**Application for Employment  
(ANSWER ALL QUESTIONS – PLEASE PRINT)**

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.

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

Position(s) applied for \_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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Name \_\_\_\_\_ Phone \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ How Long? \_\_\_\_\_

Addresses  
For Past  
Three Years

Street City State & Zip Code How Long? \_\_\_\_\_

Street City State & Zip How Long? \_\_\_\_\_

Street City State & Zip How Long? \_\_\_\_\_

(Attach Sheet If More Space Is Needed)

Do you have the legal right to work in the United States? \_\_\_\_\_

Are you 21 years of age or over? \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

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

Address \_\_\_\_\_

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Position Applied for \_\_\_\_\_ Temp / Part / Full Time \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Names of Relatives in our employ \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

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Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? \_\_\_\_\_

If yes, explain if you wish \_\_\_\_\_

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

**EMPLOYMENT RECORD**

Note: DOT requires that employment for 3 years and/or Commercial Driving experience for the **past 10 years** be shown.

(Attach Sheet if more space is needed)

Last Employer \_\_\_\_\_ Phone \_\_\_\_\_ Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 Job Description \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Reasons for Leaving \_\_\_\_\_  
 Were you subject to the FMCSR's? \_\_\_ Yes \_\_\_ No  
 Were you in a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances testing requirements as required by 49 CFR part 40? \_\_\_ Yes \_\_\_ No

Second Last Employer \_\_\_\_\_ Phone \_\_\_\_\_ Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 Job Description \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Reasons for Leaving \_\_\_\_\_  
 Were you subject to the FMCSR's? \_\_\_ Yes \_\_\_ No  
 Were you in a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances testing requirements as required by 49 CFR part 40? \_\_\_ Yes \_\_\_ No

Third Last Employer \_\_\_\_\_ Phone \_\_\_\_\_ Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 Job Description \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Reasons for Leaving \_\_\_\_\_  
 Were you subject to the FMCSR's? \_\_\_ Yes \_\_\_ No  
 Were you in a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances testing requirements as required by 49 CFR part 40? \_\_\_ Yes \_\_\_ No

Fourth Last Employer \_\_\_\_\_ Phone \_\_\_\_\_ Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 Job Description \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Reasons for Leaving \_\_\_\_\_  
 Were you subject to the FMCSR's? \_\_\_ Yes \_\_\_ No  
 Were you in a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances testing requirements as required by 49 CFR part 40? \_\_\_ Yes \_\_\_ No

Fifth Last Employer \_\_\_\_\_ Phone \_\_\_\_\_ Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 Job Description \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Reasons for Leaving \_\_\_\_\_  
 Were you subject to the FMCSR's? \_\_\_ Yes \_\_\_ No  
 Were you in a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances testing requirements as required by 49 CFR part 40? \_\_\_ Yes \_\_\_ No

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**MILITARY STATUS**

Rank at Discharge \_\_\_\_\_

Have you served in the U.S. Armed Forces? \_\_\_ Branch \_\_\_\_\_ Date: From \_\_\_ To \_\_\_

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**EDUCATION**

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_

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**GENERAL**

Are You Bondable? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

	State	License No.	Type	Expiration Date
Driver's Licenses				

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. Have you ever been disqualified subject to section 391 of the Federal Motor Carrier Safety Regulations? Yes \_\_\_ No \_\_\_

\*If the answer to either A, B, or C is yes, attach statement giving details.

**Driving Experience**

Class of Equipment	Type of Equipment	Dates: From	Dates: To	Approx. No. of Miles (Total)
Straight Truck				
Tractor and Semi-Trailer				
Tractor - Two Trailers				
Other				

List States Operated in for Last Five Years \_\_\_\_\_

Show Special Courses or Training that will help you as a Driver \_\_\_\_\_

**ACCIDENT REVIEW FOR PAST 10 YEARS** (Attach sheet if more space is needed)

Dates	Nature of Accident (Head-on, Rear-end, Upset, Etc...)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			
Next Previous			

**Traffic Convictions Forfeitures for the past 10 Years** (other than parking violations)

Location	Date	Charge	Penalty

**EXPERIENCE AND QUALIFICATIONS – MAINTENANCE**

List courses and training in maintenance work \_\_\_\_\_

Indicate Experience in the Following:

Equipment	Type	Approx Years of Exp
Excavators		
Dozers		
Loaders		
Hwy Trucks		
Off Road Trucks		
Backhoe		
Pipe Layer		
Grade Checking		
General Labor		

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**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 authorize you to make such investigations and inquiries of my personal, employment, financial 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 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 understand, also, that I am required to abide by all rules and regulations of the Company.

\_\_\_\_\_  
Date  
\_\_\_\_\_  
Applicant's Signature  
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**APPLICANT - DO NOT WRITE BELOW THIS LINE**  
**PROCESS RECORD**  
**TERMINATION OF EMPLOYMENT**

Date Terminated \_\_\_\_\_ Department Released From \_\_\_\_\_  
Dismissed \_\_\_\_\_ Voluntarily Quit \_\_\_\_\_ Other \_\_\_\_\_  
Report Placed in File \_\_\_\_\_ Supervisor \_\_\_\_\_