



**35064 Hwy 101 Business  
 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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



- 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 Training and Experience in the Following:

Drive Train Components	Training (check)	Years of Experience
-Diesel Engine _____ (indicate make of engine) _____	_____	_____
Tune Up _____	_____	_____
Rebuild _____	_____	_____
-Gasoline Engine _____ (indicate make of engine) _____	_____	_____
Tune Up _____	_____	_____
Rebuild _____	_____	_____
-Gearing System _____	_____	_____
-Transmission _____	_____	_____
-Rear End _____	_____	_____
-Brakes _____	_____	_____
-Air _____	_____	_____
-Hydraulic _____	_____	_____
Cooling System _____	_____	_____
Electrical Repair _____	_____	_____

Air Conditioning/Refrig. \_\_\_\_\_  
 -Tire Service \_\_\_\_\_  
   -Wheel Change \_\_\_\_\_  
   -Flat Repair \_\_\_\_\_  
 Frame and Wheel Alignment \_\_\_\_\_  
 Body Work \_\_\_\_\_  
 Trailer Repair \_\_\_\_\_  
 Other \_\_\_\_\_  
   -(specify) \_\_\_\_\_

Indicate Equipment You Can Operate:

Welding Equipment \_\_\_\_\_  
 -Electric Arc \_\_\_\_\_  
 -Hel-Arc \_\_\_\_\_  
 -Wire Feed \_\_\_\_\_  
 -Oxyacetylene Torch \_\_\_\_\_  
 Frame & Axle Straightening \_\_\_\_\_  
   Equipment \_\_\_\_\_

Indicate Equipment You Can Operate (cont):

	<u>Training (check)</u>	<u>Years of Experience</u>
Injector & Fuel Pump _____ Rebuilding Equipment _____	_____	_____
Wheel & Tire _____ Balancing Equipment _____	_____	_____
Tire Recapping Equipment _____	_____	_____
Engine/Chassis Dynamometer _____	_____	_____
Magnetic Crack Detection _____ Equipment _____	_____	_____
Engine Analyzer _____	_____	_____
Emission Measurement _____ Equipment _____	_____	_____
Pain Spray Booth/Equipment _____	_____	_____
Other (specify) _____	_____	_____

EXPERIENCE AND QUALIFICATIONS - CLERICAL

Indicate Training and Experience in the Following:	Indicate Training/Classes	Years of Work Experience	Indicate Training and Experience in the Following:	Indicate Software	Years of Work Experience
Typing WPM _____			<b>Computer Skills:</b>		
Billing			Word Processing		
Rating			Spreadsheet		
10 Key			Database		
OS&D/Claims			Accounting		
Interline			Web Design		
Payroll			List All Computer Training Received:		
Dispatch					
Other:					

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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**

Applicant Hired \_\_\_\_\_ Rejected \_\_\_\_\_  
Date Employed \_\_\_\_\_ Point Employed \_\_\_\_\_  
Department \_\_\_\_\_ Classification \_\_\_\_\_  
(If rejected, Summary Report of Reasons should be placed in file)

**This Section to be Filled In by Responsible Officer or Company Representative**

	Superior	Good	Fair	Below Avg.	Poor	Written Record on File
1.Application						
2.Interview						
3.Physical Exam*						
4.Past Employment						
5.Written Exam						
6.Road Test						
7.Police and Traffic Record						

\*Driver Applicants Only

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

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**TERMINATION OF EMPLOYMENT**

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