

## DRIVER'S APPLICATION FOR EMPLOYMENT

**Applicant Name** \_\_\_\_\_

**Date:** \_\_\_\_\_

**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, veteran status, non-job related disability, or any other protected group status.**

**BWI  
307 SW 2nd Street  
Redmond OR 97756  
541-504-5538**

### TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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 my 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.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 40 CFR 391.23(d) and (e). I understand that I have the right to:

Review information provided by previous employers	Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and	Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.
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**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Position(s) Applied For:</b> _____					
<b>List Your Addresses of Residency for the Past Three (3) Years:</b>					
<b>Current Address:</b>					
	Street	City	State	Zip	How Long
<b>Home Phone:</b>					
	Cell Phone				
<b>Previous Address:</b>					
	Street	City	State	Zip	How Long
<b>Previous Address:</b>					
	Street	City	State	Zip	How Long
<b>Previous Address:</b>					
	Street	City	State	Zip	How Long

Do you have the legal right to work in the United States?	Date of Birth (Required for Commercial Drivers)	Can you provide Proof of Age?
Have you worked for this company before?	Where?	When?
Position	Reason for leaving	
Are you now employed?	If not, how long since leaving last employment?	
Have you ever been convicted of a felony?	If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.	

Is there any reason you might be unable to perform the functions of the job for which you have applied? If yes, please explain.

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List all states operated in for the last five years:		
Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Yes or No	
Has any license, permit or privilege ever been suspended or revoked?	Yes or No	
If the answer to either question above is Yes, Give Details:		

<b>ACCIDENT RECORD</b> for past 3 years (attach sheet if more space is needed) If None, Write <b>NONE</b>				
Date	Nature of Accident	Fatalities	Injuries	Hazardous Material Spill

<b>Traffic Convictions/Forfeitures</b> for past 3 years (other than parking violations) if None, Write <b>NONE</b>			
Date	Location	Charge	Penalty

DRIVER EXPERIENCE AND QUALIFICATIONS				
List All Driver Licenses	State	License No.	Type	Expiration Date
Class of Equipment	Circle Type of Equipment	Dates		Approx. # of Total Miles
		From (m/y)	To (m/y)	
Straight Truck	Van, Tank, Flat, Dump, Refer			
Tractor & semi-trailer	Van, Tank, Flat, Dump, Refer			
Tractor - Two trailers	Van, Tank, Flat, Dump, Refer			
Tractor - Three trailers	Van, Tank, Flat, Dump, Refer			
Motorcoach / School Bus	Van, Tank, Flat, Dump, Refer			
Other				

**EMPLOYMENT HISTORY**

ALL DRIVER APPLICANTS to drive in interstate commerce MUST provide the following information on all employers during the preceding three (3) years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle† in intrastate or interstate commerce shall also provide an additional seven (7) years information on those employers for whom the applicant operated such vehicle. PLEASE LIST PREVIOUS EMPLOYERS in reverse order starting with the most recent. Add another sheet if necessary.

†includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 16 or more passengers (including driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) weighs or has a GVWR of 10,001 lbs or more, (2) is designed or used to transport more than 8 passengers (including driver), or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Employer	_____	Dates	_____
Address	_____	From:	_____
City	_____ State _____ Zip _____	To:	_____
Contact	_____ Phone _____		
Were you subject to the FMCSRs while employed?	_____	Yes or No	_____
Was your job designated as a Safety-Sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 40 CFR 40?	_____	Yes or No	_____

Employer	_____	Dates	_____
Address	_____	From:	_____
City	_____ State _____ Zip _____	To:	_____
Contact	_____ Phone _____		
Were you subject to the FMCSRs while employed?	_____	Yes or No	_____
Was your job designated as a Safety-Sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 40 CFR 40?	_____	Yes or No	_____

Employer	_____	Dates	_____
Address	_____	From:	_____
City	_____ State _____ Zip _____	To:	_____
Contact	_____ Phone _____		
Were you subject to the FMCSRs while employed?	_____	Yes or No	_____
Was your job designated as a Safety-Sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 40 CFR 40?	_____	Yes or No	_____

Employer	_____	Dates	_____
Address	_____	From:	_____
City	_____ State _____ Zip _____	To:	_____
Contact	_____ Phone _____		
Were you subject to the FMCSRs while employed?	_____	Yes or No	_____
Was your job designated as a Safety-Sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 40 CFR 40?	_____	Yes or No	_____

**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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_