

Airport Drayage

6331 NE 112th Ave
Portland, OR 97220

APPLICATION FOR COMPANY DRIVING POSITIONS

(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, national origin, age, marital status, or non-job related disability.

Date of Application: _____

Name: _____
Last First Middle

Social Security No. _____

Current Address: _____
Street City State Zip

Phone No.: (____) _____

Date of Birth ____ / ____ / ____ Can you provide proof of age? _____

Are you now employed? ____ If not, how long since leaving last employment? _____

Have you worked for this company before? _____ What location _____

Do you have the legal right to work in the United States? Yes ____ No ____

Who referred you? _____ Rate of pay expected _____

List your addresses of residency for the past 3 years.

Previous Address: _____ How long _____
Street City State / Zip

Previous Address: _____ How long _____
Street City State / Zip

Previous Address: _____ How long _____
Street City State / Zip

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)? Yes ____ No ____

EMPLOYMENT HISTORY

All driver applicants to drive intrastate or interstate commerce must provide the following information on all employers during the past (10) years. List complete mailing address, street number, city, state and zip code and all phone numbers. (Incomplete applications will not be considered).

NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary

Do we have permission to contact your "current employer?" _____ YES _____ NO / Comments:

Current Employer:	Company:	Reason for leaving:
Dates of Employment	Address:	Wage / Salary:
From:	City: State:	Zip: Position Held:
Month / Year	Telephone: ()	States you drove in:
To:	Supervisor:	Number of Motor Vehicle Accidents:
Month / Year	Types of Trailer(s) Pulled:	Full or Part-time:

NEXT EMPLOYER:	Company:	Reason for leaving:
Dates of Employment	Address:	Wage / Salary:
From:	City: State:	Zip: Position Held:
Month / Year	Telephone: ()	States you drove in:
To:	Supervisor:	Number of Motor Vehicle Accidents:
Month / Year	Types of Trailer(s) Pulled:	Full or Part-time:

NEXT EMPLOYER:	Company:	Reason for leaving:
Dates of Employment	Address:	Wage / Salary:
From:	City: State:	Zip: Position Held:
Month / Year	Telephone: ()	States you drove in:
To:	Supervisor:	Number of Motor Vehicle Accidents:
Month / Year	Types of Trailer(s) Pulled:	Full or Part-time:

NEXT EMPLOYER:	Company:	Reason for leaving:
Dates of Employment	Address:	Wage / Salary:
From:	City: State:	Zip: Position Held:
Month / Year	Telephone: ()	States you drove in:
To:	Supervisor:	Number of Motor Vehicle Accidents:
Month / Year	Types of Trailer(s) Pulled:	Full or Part-time:

NEXT EMPLOYER:	Company:	Reason for leaving:
Dates of Employment	Address:	Wage / Salary:
From:	City: State:	Zip: Position Held:
Month / Year	Telephone: ()	States you drove in:
To:	Supervisor:	Number of Motor Vehicle Accidents:
Month / Year	Types of Trailer(s) Pulled:	Full or Part-time:

If necessary, attach an additional sheet to show employment for last 10 years.

If unemployed during the past (5) years give dates of the unemployment and explain why you were unemployed and provide references who can verify such unemployment: NAME: _____ Phone: (____) _____
 NAME: _____ Phone: (____) _____

Have you ever been discharged from any job? YES ___ NO ___ If yes, please list name of companies and reason for discharge:

List any companies you applied and/or took a pre-employment or pre-driving drug and/or alcohol test during the past two years that is not already listed above:

Company Name: _____ Date Applied: ___/___/___ Phone: (____) _____
 Company Name: _____ Date Applied: ___/___/___ Phone: (____) _____

ACCIDENT RECORD FOR PAST 5 YEARS: IF NONE, WRITE NONE.

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS: IF NONE, WRITE NONE.

DATE	LOCATION (STATE)	VIOLATION	PENALTY

EXPERIENCE AND QUALIFICATIONS - DRIVERS

DRIVERS LICENSES (LIST) ALL DRIVERS LICENSE IN PAST (5) YEARS

STATE	LICENSE NO.	CLASS	ENDORSEMENTS	EXPIRATION DATE

- A. Have you ever had any type of motor vehicle license suspended or revoked, or ever been denied a license, Permit of privilege to operate a motor vehicle? YES ___ NO ___
- B. Do you have a pending charge or past conviction for driving while intoxicated? YES ___ NO ___
- C. Do you have a pending charge or past conviction for possession of a controlled substance? YES ___ NO ___
- D. Have you ever been refused auto liability insurance? YES ___ NO ___
- E. Do you have a pending charge or conviction for any misdemeanor or felony offense? YES ___ NO ___

(The fact of a charge and / or conviction, does not automatically disqualify an applicant from employment)
 If the answer to either A, B, C, D, or E is yes, state all circumstance and dates.

EQUIPMENT EXPERIENCE CLASS OF EQUIPMENT	DATES		(IF NONE, WRITE NONE)
	FROM	TO	APPROXIMATE NUMBER OF MILES
TRACTOR - CONTAINER			
TRACTOR – DOUBLE “A” TRAIN			
TRACTOR – DOUBLE “B” TRAIN			
TRACTOR – FLATBED 40-48’			
TRACTOR – LOWBOY – EXTRA-HVY.			
TRACTOR – DRY-VAN			
TRACTOR – REFER-VAN			
TRACTOR – TANKER / PNEUMATIC			
TRACTOR – END-DUMP 30-36’			
TRACTOR – DUMP-TRUCK			
TRACTOR - TRANSFER			
TRACTOR – BELLY-DUMP / DOUBLES			
LOG TRUCK + DOLLY			
TRACTOR – AUTO-TRANSPORT			
STRAIGHT TRUCK – BOB TAIL			

How many years have you driven a commercial motor vehicle? _____

List States operated in for last five years. _____

Show special courses or training that will help you as a driver. _____

Which safe driving awards do you hold and from whom. _____

TO BE READ AND SIGNED BY APPLICANT

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 inquire of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires 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 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.

Applicant Signature

Date

Fair Credit Reporting Act Disclosure Statement

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) and the Driver's Protection Act (18 USC 2721 et seq.), you are being informed that the reports verifying your previous employment, previous drug and alcohol test results, driving record, and background check may be obtained on you for employment purposes. Your signature below authorizes Airport Drayage to obtain this information.

Applicant's Signature

Printed Name

Date

Social Security Number