

Airport Drayage

6331 NE 112th Ave
Portland, OR 97220

APPLICATION FOR CUSTOMER SERVICE/OPERATIONS POSITIONS

(Answer all questions – Please Print –Incomplete applications will not be considered)

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

List complete mailing address, street number, city, state and zip code and all phone numbers

NOTE: List employers in reverse order starting with the most recent. See second sheet if 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:	

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Dates of Employment	Address:	Wage / Salary:		
From:	City:	State:	Zip:	Position Held:
Month / Year	Telephone: ()		States you drove in:	
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Month / Year	Telephone: ()		States you drove in:	
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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:	

EMPLOYMENT HISTORY CONTINUED

List complete mailing address, street number, city, state and zip code and all phone numbers

NOTE: List employers in reverse order starting with the most recent.

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:		

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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:		

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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:		

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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:		

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