

Application for Employment



1517 Sawmill Creek Road, Sitka AK 99835

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.

TO BE READ AND SIGNED BY APPLICANT

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. (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 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.

Signature _____ Date _____

DRIVER APPLICANT ONLY

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 49 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 re-send the corrected information to the prospective employers; 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.

Signature _____ Date _____
The U.S. Department of Transportation requires that driver applicants state their date of birth (§391.21(b)(2)).
Date of Birth _____
month / day / year

Applicant Name _____
(print) First Middle Last Social Security No. _____

*Current Address _____ Phone _____
Street City State Zip Code

*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street City State Zip Code

Street City State Zip Code

Position applying for _____ Temporary Part Time Full Time

Who referred you? _____ Rate of pay expected _____

Have you worked for this company before? Yes No Dates: From _____ To _____
month/year month/year

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

Names of any relatives employed by this company _____

Are you currently employed? Yes No If not, how long since leaving last employment? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____
Name Address

GENERAL

Have you ever been bonded? Yes No Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? Yes No 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.

Have you ever worked for this company under another name? Yes No If so, under what name? _____

DRIVER EXPERIENCE & QUALIFICATION

LICENSES

Drivers licenses held in past 3 years must be shown	State	License No.	Class	Endorsement(s)	Expiration Date

- 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
- If you answered "yes" to A or B, attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Check Type of Equipment	Dates		Approx # of Miles (Total)
		From (M/Y)	To (M/Y)	
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat Dump <input type="checkbox"/> Refer			
Tractor and Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat Dump <input type="checkbox"/> Refer			
Tractor - Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat Dump <input type="checkbox"/> Refer			
Tractor - Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat Dump <input type="checkbox"/> Refer			
Motorcoach - School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No More than 8 passengers				
Motorcoach - School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No More than 15 passengers				
Other				

List states operated in during 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? _____

ACCIDENT RECORD for the past 3 years (Attach separate sheet of paper if more space is needed)

Dates	Nature of Accident (Head-On, Rear-End, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS AND FORFEITURES for the past 3 years (other than parking violations). If none, write "NONE".

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

EMPLOYMENT HISTORY

Driver applicants must provide the following information on ALL employers during the preceding 3 years. Driver applicants must provide an additional 7 years of information on those employers for whom the applicant operated a commercial motor vehicle.
(NOTE: List employers in reverse order, starting with the most recent. Add another sheet as necessary.)

EMPLOYER			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person			Phone	
Were you subject to the FMSCRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Reason for Leaving	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYER			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person			Phone	
Were you subject to the FMSCRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Reason for Leaving	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYMENT HISTORY (continued)

EMPLOYER			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person		Phone	Reason for Leaving	
Were you subject to the FMSCRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYER			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person		Phone	Reason for Leaving	
Were you subject to the FMSCRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work _____

Job Function

Indicate training and experience in the following:	Formal Training	Years of Experience	Area	Formal Training	Years of Experience
Drive Line Components	<input type="checkbox"/>		Body Work	<input type="checkbox"/>	
Diesel Engine Tune-up and Rebuild	<input type="checkbox"/>		Electrical Repair	<input type="checkbox"/>	
Gas Engine Tune-Up and Rebuild	<input type="checkbox"/>		Frame and Wheel Alignment	<input type="checkbox"/>	
Tire Service	<input type="checkbox"/>		Brakes	<input type="checkbox"/>	
Trailer Repair	<input type="checkbox"/>		Cooling System	<input type="checkbox"/>	
Air Conditioning (Cab)	<input type="checkbox"/>		Inspections (State/Federal)	<input type="checkbox"/>	
Refrigeration (Cargo)	<input type="checkbox"/>		General Cab Repair	<input type="checkbox"/>	

Shop Equipment

Indicate training and experience in the following:	Formal Training	Years of Experience	Area	Formal Training	Years of Experience
Diagnostic Equipment (Type(s))	<input type="checkbox"/>		Tire Servicing	<input type="checkbox"/>	
Sheet Metal Equipment	<input type="checkbox"/>		Wheel & Tire Balancing Machine	<input type="checkbox"/>	
Frame & Axle Straightening Equipment	<input type="checkbox"/>		Tire Recapping	<input type="checkbox"/>	
Engine Rebuilding	<input type="checkbox"/>		Engine Dynamometer	<input type="checkbox"/>	
Diesel Injection Equipment	<input type="checkbox"/>		Chassis Dynamometer	<input type="checkbox"/>	
Electric Welder	<input type="checkbox"/>		Magnetic Crack Detector	<input type="checkbox"/>	
Oxyacetylene Welder	<input type="checkbox"/>		Engine Analyzer	<input type="checkbox"/>	
Paint Spray Gun	<input type="checkbox"/>		Noise Measuring Equipment	<input type="checkbox"/>	
Air Conditioning (Cab)	<input type="checkbox"/>		Emissions/Smoke Testing	<input type="checkbox"/>	
Refrigeration (Cargo)	<input type="checkbox"/>		Inspections (State/Federal)	<input type="checkbox"/>	
			General Car Repair	<input type="checkbox"/>	

ASE Certification(s) – Please specify

CLERICAL EXPERIENCE & QUALIFICATIONS

List courses and training in office work _____

Indicate training and experience in the following:	Formal Training	Years of Experience	Area	Formal Training	Years of Experience
Typing (wpm)	<input type="checkbox"/>		Dictating Machine	<input type="checkbox"/>	
Shorthand (wpm)	<input type="checkbox"/>		Bookkeeping Machine	<input type="checkbox"/>	
Billing	<input type="checkbox"/>		Switchboard Equipment (indicate type)	<input type="checkbox"/>	
Filing	<input type="checkbox"/>		Tabulator	<input type="checkbox"/>	
Computers (indicate software)	<input type="checkbox"/>		Accounting	<input type="checkbox"/>	
Word Processing Equipment	<input type="checkbox"/>		OS & D	<input type="checkbox"/>	
Key Punch	<input type="checkbox"/>		Interline	<input type="checkbox"/>	
Calculator	<input type="checkbox"/>		Claims	<input type="checkbox"/>	
Adding Machine	<input type="checkbox"/>		Cashier	<input type="checkbox"/>	
Telecopier	<input type="checkbox"/>		Dispatcher	<input type="checkbox"/>	
Photocopier	<input type="checkbox"/>				
Rates (indicate tariffs with which you have worked)					

PLATFORM EXPERIENCE & QUALIFICATIONS

List types of platform experience and number of years of each _____

List platform equipment you can operate (lift truck, etc.) _____

List courses or training in platform work _____

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 _____