

DRIVER'S APPLICATION FOR EMPLOYMENT

Joel Olson Trucking Inc.
PO Box 65940
1615 NE 78th Street
Vancouver, WA 98665

APPLICANT NAME _____

DATE OF APPLICATION _____

In compliance with Federal and State equal employment 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 on 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.

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 my 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 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.

Signature _____

Date _____

FOR COMPANY USE

Hire Date _____

Location _____

Emp # _____

Truck _____

Termination Date _____

Discharged Quit

APPLICANT TO COMPLETE

(PLEASE ANSWER ALL QUESTIONS)

Position(s) Applied For _____

Name _____ Social Security # _____
Last First Middle

Home Phone _____ Cell Phone _____ Email _____

List your addresses of residency for the past 3 years:

Current Address _____ Length of Stay _____
Street City State/Zip yr/mo

Previous _____ Length of Stay _____
Addresses Street City State/Zip yr/mo

_____ Length of Stay _____
Street City State/Zip yr/mo

_____ Length of Stay _____
Street City State/Zip yr/mo

Do you have the right to work in the United States? _____

Date of Birth _____ Can you provide proof of age? Yes No
(Required for Commercial Drivers)

Have you worked for Joel Olson Trucking Inc before? Yes No Which location? Longview or Vancouver

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for Leaving _____

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

Who referred you? _____ Expected rate of pay _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____ If yes, please explain on a separate sheet of paper.

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)? Check one: Yes No

If yes, explain if you wish:

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Please list complete mailing address, street number, city, state and zip code.

Applicants to driver a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (Note: List employers in reverse order starting with the most recent.)

EMPLOYER	DATE	
Name	From – m/y	To – m/y
Address	Position Held	
City	State	Zip
Contact Person	Phone #	Reason for Leaving
Where you subject to the FMCSRs** while employed? Yes 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? Yes No		

EMPLOYER	DATE	
Name	From – m/y	To – m/y
Address	Position Held	
City	State	Zip
Contact Person	Phone #	Reason for Leaving
Where you subject to the FMCSRs** while employed? Yes 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? Yes No		

EMPLOYER	DATE	
Name	From – m/y	To – m/y
Address	Position Held	
City	State	Zip
Contact Person	Phone #	Reason for Leaving
Where you subject to the FMCSRs** while employed? Yes 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? Yes No		

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
Name			From – m/y	To – m/y
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person		Phone #	Reason for Leaving	
Where you subject to the FMCSRs** while employed? Yes 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? Yes No				

EMPLOYER			DATE	
Name			From – m/y	To – m/y
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person		Phone #	Reason for Leaving	
Where you subject to the FMCSRs** while employed? Yes 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? Yes No				

EMPLOYER			DATE	
Name			From – m/y	To – m/y
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person		Phone #	Reason for Leaving	
Where you subject to the FMCSRs** while employed? Yes 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? Yes No				

EMPLOYER			DATE	
Name			From – m/y	To – m/y
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person		Phone #	Reason for Leaving	
Where you subject to the FMCSRs** while employed? Yes 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? Yes No				

EMPLOYER			DATE	
Name			From – m/y	To – m/y
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person		Phone #	Reason for Leaving	
Where you subject to the FMCSRs** while employed? Yes 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? Yes No				

* Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 16 or more passengers (including the 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 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED.) IF NONE, WRITE NONE

Dates	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries	Hazmat 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

EXPERIENCE AND QUALIFICATIONS – DRIVER

Include all driver licenses or permits held in the past 3 years

State	License No.	Class	Endorsements	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 THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS

DRIVING EXPERIENCE CHECK YES OR NO

Class of Equipment	Circle Type of Equipment	Dates		Approx number of miles (total)
		From (m/y)	To (m/y)	
Straight Truck – Yes No	Van Tank Flat Dump Refer			
Tractor and Semi Trailer – Yes No	Van Tank Flat Dump Refer			
Tractor + Two Trailers – Yes No	Van Tank Flat Dump Refer			
Tractor + Three Trailers – Yes No	Van Tank Flat Dump Refer			
Motor Coach + School Bus – Yes No <small>More than 8 passengers</small>	N/A			
Motor Coach + School Bus – Yes No <small>More than 15 passengers</small>	N/A			
Other				

List states operated in for last five years:

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

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any trucking, transportation or other experience that may help you in your work for this company:

List courses and training other than shown elsewhere in this application:

List special equipment or technical materials you can work with (other than those already shown):

EDUCATION

Highest grade completed: High School: College:

Last school attended _____

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: _____