Springfield Lumber Products, Inc PO Box 100 Junction City, OR, 97448 360-771-9949

## Truck Driver Employment Application

## APPLICANT INFORMATION DATE\_\_\_\_\_\_Position applying for:\_\_\_\_\_ NAME ( ) EMERGENCY PHONE ( ) AGE\_\_\_\_\_ DATE OF BIRTH SS# (The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.) PHYSICAL EXAM EXPIRATION DATE\_\_\_\_\_ **CURRENT & PREVIOUS THREE YEARS ADDRESSES:** FROM\_\_\_\_TO\_\_\_\_ FROM\_\_\_\_TO\_\_\_ \_\_\_\_\_\_FROM\_\_\_\_\_TO HAVE YOU WORKED FOR THIS COMPANY BEFORE? \_\_\_\_\_Yes \_\_\_\_\_No If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving? EDUCATION HISTORY: Please circle the highest grade completed: Grade school: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Post Graduate: 1 2 3 4 **EMPLOYMENT HISTORY:** Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self-employment periods, and all commercial driving experience for the past ten (10) years. From Mo/Yr. \_\_\_\_\_ To Mo/Yr.\_\_\_\_ Name\_\_\_\_\_ Address\_\_\_ \_\_\_\_\_Company Phone\_\_\_\_\_ Contact Person\_\_\_\_\_May I contact this employer?\_\_\_\_ Position Held\_\_\_\_\_\_Reason for leaving\_\_\_\_\_ Were you subject to the FMCSRs while employed here? \_\_\_\_\_\_Yes \_\_\_\_\_\_No Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and

From Mo/Yr	To Mo/Yr				
Name_		No. 2			
Contact Porcon	Company Phone				
Contact Person	Pascan far	Locuina			
	Reason for leaving				
Were you subject to the F	MCSRs while employed here?		No Was		
	afety-sensitive function in any DOT-				
alcohol testing requireme	nts of 49 CFR Part 40?	Yes	No		
From Mo/Yr.	To Mo/Yr				
Address		ompany Phone			
Contact Person			**************************************		
Position Held	Reason fo	Reason for leaving			
Were you subject to the Fi	MCSRs while employed here?	Vρς	No Was		
your job designated as a sa	afety-sensitive function in any DOT-	regulated mode subje	ct to the drug and		
alcohol testing requiremen	nts of 49 CFR Part 40?	Yes	No		
Name	To Mo/YrC	ompany Phone			
Contact Person	la C	Prince Annual Control of the Control			
Position Held	Reason fo	or leaving			
Were you subject to the FN	MCSRs while employed here?	Yes	No Was		
your job designated as a sa	fety-sensitive function in any DOT-	regulated mode subje	ct to the drug and		
	its of 49 CFR Part 40?		No		
	To Mo/Yr				
Name					
Contact Person		-ompany Phone	other destriction and an extraction and an extra		
Position Held	Reason fo	ar looving	And the second s		
Were you subject to the FN	ACSRs while employed here?	Yee	No Was		
your job designated as a sa	fety-sensitive function in any DOT-	egulated mode subied			
alcohol testing requiremen			No		

## DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Nun	Approximate Number of Miles	
Straight Truck					
Tractor & Semi-	White the state of	**************************************	, , , , , , , , , , , , , , , , , , ,	The state of the s	
trailer				···	
Tractor & two					
trailers				Comment of the Commen	
Tractor & triple trailers					
Other		<u> </u>			
List states operated in,	for the last five (5) years:				
	ning completed (PTD/DDC, HA				
	wards you hold and from whom				
Accident Record for p	ast three (3) years: (attach she	et if more space is ne	eded):		
F3 1 2 4 3 1 1 1		Location of	# of	-11-42-10-11-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Date of Accident	Nature of Accidents (Head on, rear end, etc)	Accident	Fatalities	# of People Injured	
				the control of the co	
Total Control of the					
1980	The state of the s		TV POOL OF A 1 follow a factor and a factor		
Fraffic Convictions an	d Forfeitures for the last three	(3) years (other than	norking violations).		
Date	Location	Charge	Penalty		
The state of the s					
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Priver's License (list e	ach driver's license held in the	e past three(3) years:			
State	License	Туре	Endorsements	Expiration Date	
Iave you ever been den	icd a license, permit or privilege	to operate a motor ve	hicle? Yes	No	
las any license, permit-	or privilege ever been suspende	d or revoked?	Yes	No	
s there any reason you i	might be unable to perform the f	functions of the job for	which you have appli-	ed (as described in	
ne job description)?			Yes	No	
lave you ever been con	vioted of a felony?		Yes	No	
iare you evel been con	victed of a retoriv?		Vec	NI.a	

## Job References

List three (3) persons for refe	rences, other than family members, who hav	e knowledge of your safety habits.
Name	Address	Phone
Name	Address	Phone
Name	Address	Phone
To Be Read and Signed	by Applicant:	
It is agreed and understood the dishonesty.	nat any misrepresentation given on this apph	ication shall be considered an act of
any and all information of cor	nat the motor carrier or his agents may inves neern to applicant's record, whether same is herein from all liability for any damages on	of record or not, and applicant releases
It is also agreed and understo investigation may include an t reputation, personal characte	investigating Consumer Report, including in,	, Public Law 91-508, I have been told that this formation regarding my character, general
I agree to furnish such additic application file.	onal information and complete such examina	tions as may be required to complete my
It is agreed and understood th	at this Application in no way obligates the n	notor carrier to employ or hire the applicant.
It is agreed and understood th disqualified without recourse.	at if qualified and hired, I may be on a prob	ationary period during which time I may be
This certifies that this applica complete to the best of my kno	tion was completed by me, and that all entric	es on it and information in it are true and
Applicant Signature		Date
Remarks: (For office use onl	y)	
	The state of the s	
	All	