

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 \_\_\_\_\_ PHONE \_\_\_\_\_

( ) \_\_\_\_\_ 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 alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

From Mo/Yr. \_\_\_\_\_ To Mo/Yr. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Company Phone \_\_\_\_\_

Contact Person \_\_\_\_\_

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 alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

From Mo/Yr. \_\_\_\_\_ To Mo/Yr. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Company Phone \_\_\_\_\_

Contact Person \_\_\_\_\_

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 alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

From Mo/Yr. \_\_\_\_\_ To Mo/Yr. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Company Phone \_\_\_\_\_

Contact Person \_\_\_\_\_

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 alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

From Mo/Yr. \_\_\_\_\_ To Mo/Yr. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Company Phone \_\_\_\_\_

Contact Person \_\_\_\_\_

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 alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

## DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semi-trailer			
Tractor & two trailers			
Tractor & triple trailers			
Other			

List states operated in, for the last five (5) years: \_\_\_\_\_

List special courses/training completed (PTD/DDC, HAZMAT, ETC) \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

Accident Record for past three (3) years: (attach sheet if more space is needed):

Date of Accident	Nature of Accidents (Head on, rear end, etc)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three(3) years:

State	License	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answers to any questions listed above are "yes", give details \_\_\_\_\_

