

COMPANY: Wymore Transfer Company, Inc.,

Address: 12651 S.E. Capps Rd.

City: Clackamas State: OR Zip: 97015

APPLICATION FOR COMPANY DRIVING POSITIONS

(Answer all questions – Please Print)

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

All driver applicants to drive intrastate or interstate commerce must provide the following information on all employers during the past (10) years. List complete mailing address, street number, city, state and zip code and all phone numbers. (Incomplete applications will not be considered).

NOTE: List employers in reverse order starting with the most recent. Add another sheet as 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:

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:

NEXT EMPLOYER:	Company:	Reason for leaving:
Dates of Employment	Address:	Wage / Salary:
From:	City: State: Zip:	Position Held:
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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:

If necessary, attach an additional sheet to show employment for last 10 years.

If unemployed during the past (5) years give dates of the unemployment and explain why you were unemployed and provide references who can verify such unemployment: NAME: _____ Phone: (____) _____
 NAME: _____ Phone: (____) _____

Have you ever been discharged from any job? YES ___ NO ___ If yes, please list name of companies and reason for discharge:

List any companies you applied and/or took a pre-employment or pre-driving drug and/or alcohol test during the past two years that is not already listed above:

Company Name: _____ Date Applied: ___/___/___ Phone: (____) _____
 Company Name: _____ Date Applied: ___/___/___ Phone: (____) _____

ACCIDENT RECORD FOR PAST 5 YEARS: IF NONE, WRITE NONE.

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS: IF NONE, WRITE NONE.

DATE	LOCATION (STATE)	VIOLATION	PENALTY

EXPERIENCE AND QUALIFICATIONS - DRIVERS

DRIVERS LICENSES (LIST) ALL DRIVERS LICENSE IN PAST (5) YEARS

STATE	LICENSE NO.	CLASS	ENDORSEMENTS	EXPIRATION DATE

- A. Have you ever had any type of motor vehicle license suspended or revoked, or ever been denied a license, Permit of privilege to operate a motor vehicle? YES ___ NO ___
- B. Do you have a pending charge or past conviction for driving while intoxicated? YES ___ NO ___
- C. Do you have a pending charge or past conviction for possession of a controlled substance? YES ___ NO ___
- D. Have you ever been refused auto liability insurance? YES ___ NO ___
- E. Do you have a pending charge or conviction for any misdemeanor or felony offense? YES ___ NO ___

(The fact of a charge and / or conviction, does not automatically disqualify an applicant from employment)
 If the answer to either A, B, C, D, or E is yes, state all circumstance and dates.

CONFIDENTIAL
MAILED OR FAXED INQUIRY TO PAST EMPLOYERS

To: _____
 (Former Employer, Name, City, and State) _____ (Date and Time)

I hereby authorize this company to release all records of employment, including assessments of my job performance, ability, and fitness, including dates of any and all alcohol and drug test results, my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO to each and every company or their authorized agents which may request such information from any and all liability of any type as a result of providing the following information to the below mentioned person and or company.

 (Applicant's Signature and Date) _____ (Witness Signature and Date)

Personnel Manager:

The person named herein has applied to this company for employment in a safety sensitive position. Your company is listed by the applicant as a past employer. Will you please reply to this inquiry regarding this applicant? **Please be factual.** You may reply by facsimile to the fax number listed below. If this form was mailed to you, we have enclosed a stamped, self-addressed envelope for your convenience in replying return mail.

From: _____ Title: _____

Company: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone #: (____) _____ Fax #: (____) _____

◇ **Applicant Name:** _____ **Social Security Number:** _____ - _____ - _____

◇ **Position Applied for:** _____

▪ Did the applicant work for you as a _____ from ____/____/____ to ____/____/____?
 YES NO If no, please explain _____

▪ If employed as a driver, please answer the following:
 Company Driver **Owner/Operator** **Driver for Owner/Operator** **Other**

▪ Type of tractor operated: _____ Type(s) of trailer pulled: _____

▪ Other equipment operated: _____ Commodities hauled: _____

▪ Areas of operation: _____

▪ Any abuse of equipment or to customers? _____

▪ Any accidents? Yes No If yes, please give dates and a brief description of each accident: _____

▪ Any traffic violations? Yes No If yes, please furnish dates and type of violation: _____

▪ Any license suspensions or revocations? Yes No If yes, please furnish dates: _____
 License Number: _____ State: _____ Type: _____

▪ Any problem with bonding? Yes No N/A If yes, please explain: _____

▪ Why did the employee leave your company? **Quit under load** **Quit** **Resigned** **Fired** **Other**

▪ Would you re-employ this individual? Yes No If no, please explain: _____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCE INFORMATION FOR PRECEDING 2 YEARS

Alcohol tests with a result of 0.04 or greater? YES NO If yes, please give date(s): _____

Verified positive controlled substance test results? YES NO If yes, please give date(s): _____

Refusal to be tested? YES NO If yes, please give date(s): _____

Other violations of DOT drug & alcohol testing regulations? YES NO If yes, please give date(s): _____

Rehab completed under direction of SAP/MRO? YES NO If yes, please give date(s): _____

Name and address of rehab counselor: _____

Name/Title: _____ **Date:** _____
 (Person providing above information)

Company: _____