

PLEASE PRINT

PO Box 338 Junction City, OR 97448  
(541) 342-2662 Office  
(541) 342-4068 Fax

Applicant Legal Name	Social Security Number	Date of Birth
_____	____ - ____ - ____	__ / __ / __

**Contact Information**

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Work Availability**

Position Applied for: \_\_\_\_\_ Full-Time  Part-Time

When will you available to begin work?: \_\_\_\_\_

Do you have any objection to working overtime? Yes  No

Can you work overtime without prior notice? Yes  No

Can you work on Saturday? Yes  No

Can you work on Sunday? Yes  No

Do you have any objections to trips that stay overnight away from home? Yes  No

**Personal Information**

Is there any information we would need to know about your name, or use of another name, for verification purposes? Please specify: \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No

If yes, please explain: \_\_\_\_\_

How were you referred to Experience Oregon?: \_\_\_\_\_

How long have you lived in Oregon?: \_\_\_\_\_ How well do you know Oregon?: \_\_\_\_\_

How did you acquire this knowledge?: \_\_\_\_\_

Have you worked in situations that depend heavily on customer service which you have provided?

Please explain: \_\_\_\_\_

What are your hobbies?: \_\_\_\_\_

Do you have experience in the travel industry?: \_\_\_\_\_

Why do you want this job?: \_\_\_\_\_

**Education**

Please include school name, location, year completed, and degree received, if any.

High School: \_\_\_\_\_

College: \_\_\_\_\_

Tech: \_\_\_\_\_

Other: \_\_\_\_\_

**Work History**

Past three years beginning with the most recent. If more space is required please use separate sheet of paper.

1) Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

City/State: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ - \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2) Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

City/State: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ - \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3) Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

City/State: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ - \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Please list any employer that you do not want us to contact and your reason for exclusion:

\_\_\_\_\_

Are there any other comments you would like to make?: \_\_\_\_\_

\_\_\_\_\_

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. By signing below I also permit Experience Oregon Inc. to contact previous employers, request my driving record (if applying for a driver position), and criminal background report.

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Pages 3 & 4 are only required if you are applying for a driving position.

**Required Documents**

Do you have a current CDL? Yes  No

State \_\_\_\_\_ Number \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Do you have a current medical card? Yes  No

Do you have an airbrake endorsement? Yes  No

Do you have a passenger endorsement? Yes  No

**Driving Experience**

Do you have experience driving bus?: \_\_\_\_\_

If not included Work History, please fill out the following. If necessary use a separate sheet of paper.

1. Company: \_\_\_\_\_ City/State: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ - \_\_\_\_\_

2. Company: \_\_\_\_\_ City/State: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ - \_\_\_\_\_

How many years of experience?: \_\_\_\_\_

Please list all driving experience for the past 7 years, commercial and non-commercial: \_\_\_\_\_

**Addresses for the past 3 years**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Commercial Driver License**

Please provide the issuing State, number, and expiration date of each unexpired CDL or permit that has been issued to you.

<i>State</i>	<i>Number</i>	<i>Expiration Date</i>
_____	_____	____ / ____ / _____
_____	_____	____ / ____ / _____

**Driving Record**

Have you had any driving violations in the past 3 years, other than parking? Yes  No

If yes, please list date(s) and violation(s) on a back of this sheet.

Have you had any motor vehicle accidents in the past 3 years? Yes  No

If yes, please list date(s), nature of accident(s), injuries caused, and whether convicted or forfeited bond on back of this sheet.

The information provided in this application may be used, and your previous employers will be contacted, for the purpose of investigating your safety and performance history.

