

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: _____ How long have you lived here? _____

E-mail: _____

Addresses for the past 3 years

1. _____ how long? _____
2. _____ how long? _____
3. _____ how long? _____

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: _____

Where you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer? Yes No
Was this position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

2) Company Name: _____ Position: _____
City/State: _____ Dates of Employment: _____ - _____
Supervisor: _____ Telephone Number: _____ Wage: _____
Reason for Leaving: _____

Where you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer? Yes No
Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

3) Company Name: _____ Position: _____
City/State: _____ Dates of Employment: _____ - _____
Supervisor: _____ Telephone Number: _____ Wage: _____
Reason for Leaving: _____

Where you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer? Yes No
Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

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?: _____

By signing, I certify 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: ____ / ____ / _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to 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 an 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 current/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."

DATE

APPLICANTS SIGNATURE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

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

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 restriction? Yes No

Do you have a passenger endorsement? Yes No

Driving Experience

Please list all prior driving experiences in the 4 to 10 years before this application, both commercial and non commercial. 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?: _____

3. Company: _____ City/State: _____

Employment Dates: _____ - _____

How many years of experience?: _____

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>
_____	_____	____ / ____ / _____
_____	_____	____ / ____ / _____

