



LICENSE - 106944
BONDED
INSURED

COMPLETE FOREST MANAGEMENT • LOGGING SERVICES
REFORESTATION • SELECTIVE THINNING • LAND CLEARING

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Application for Employment

Pre-employment Questionnaire
Equal Opportunity Employer

DRIVER

Personal Information

Name (Last name first)		Date :	
Present Address	City	State	Zip Code
Other Address if different from above			
Phone Number ()	Cell ()	Referred by	
Emergency Contact		Relationship	

	Street	City	State & Zip Code	How Long?
1				
2				
3				
4				

Expirence and Qualifications- Driver

Drivers License	State	License Number	Type	Expiration

(Show all Licenses Held in Last Three Years)

Driving Expirence

	Class Of	Type of Equipment	Dates		Approx. # of Miles (Total)
	Equipment	(Van, Tank, Flat)	From	To	
1					
2					
3					
4					

Accidents Record For Past 3 Years or More (Attach Sheet If More Space is Needed)

	Dates	Nature of Accident (Head-On, Rear-End, Upset, ETC.	Fatalities	Injuries
1				
2				
3				
4				

Traffic Convictions and Forfeitures For the Past 3 Years (Other Than Parking Violations)

	Location	Date	Charge	Penalty
1				
2				
3				
4				

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Y or N

B. Has any license, permit or privilege ever been suspended or revoked? Y or N

If the Answer to **A** or **B** IS YES, attach a Staement Giving Full Details

Employment Record (Attach Sheet if More Space is Needed)

Note: DOT Requires that Employment for 3 Years and/or Commerical Driving Expirence for the past 10 Years be Shown

Last Employers Name : _____

Contact : _____ Phone : _____

Address : _____ City: _____ State : _____

Postion Held: _____ From: _____ To: _____

Starting Wage: _____ Ending Wage : _____

Reason for Leaving: _____

Were you subject to the FMCSR'S Y or N were you in a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40 ? Y or N

2nd Employers Name : _____

Contact : _____ Phone : _____

Address : _____ City: _____ State : _____

Postion Held: _____ From: _____ To: _____

Starting Wage: _____ Ending Wage : _____

Reason for Leaving: _____

Were you subject to the FMCSR'S Y or N were you in a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40 ? Y or N

3rd Employers Name : _____

Contact : _____ Phone : _____

Address : _____ City: _____ State : _____

Postion Held: _____ From: _____ To: _____

Starting Wage: _____ Ending Wage : _____

Reason for Leaving: _____

Were you subject to the FMCSR'S Y or N were you in a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40 ? Y or N

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I understand that as a condition of employment, I will be required to pass a pre-employment drug screen. I will also be subject to random drug and alcohol screening.

I understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make an agreement contrary to the fore going, unless it is in writing and signed by an authorized company representative .

This waiver does not permit the release of use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date _____ Signature _____