



PORTLAND TRUCKING INC.

2061 S. Harbor Dr.
Milwaukee, WI 53207

Driver's Application for Employment

(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, religion, sex, national origin, age, marital status, sexual preference or non-job-related disability.

Position Applying For

Position: _____ Date of Application: _____

Referred by: _____ Rate of Pay Expected: _____

Date Available: _____

Applicant Information

Full Name: _____ Social Security #: _____
Last First M.I.

Address: _____
Street Address How Long?

_____ *City State ZIP Code*

Phone: _____ Email: _____

Date of Birth: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Have you ever worked for this company? YES NO If yes, where and when? _____

Position you held: _____ Rate of pay: \$ _____

Reason for leaving: _____

Previous Addresses Past 3 Years

Address: _____
Street Address, City State and Zip *How Long?*

Address: _____
Street Address, City State and Zip *How Long?*

Education

High School: _____ City, State: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ City, State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ City, State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Qualifications and Other

Accident record for past 3 years (Most recent first)

| Date | Nature of Accident | Fatalities | Injuries |
|------|--------------------|------------|----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Traffic convictions and forfeitures for the past 3 years (other than parking violations)

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Driver Licenses

| State | License Number | Type | 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

If you answered yes to either of the above 2 questions, please explain:

Driving Experience (If none, write NONE)

| Class of Equipment | Type of Equipment (Van, Tank, Flat, Etc.) | Dates (From and To) | Approx. No. of Miles (Total) |
|--------------------|----------------------------------------------|------------------------|---------------------------------|
| Straight Truck | | | |
| Tractor Trailer | | | |
| Doubles/Triples | | | |
| Other | | | |

List states you operated in for the last 5 years:

List special courses or training that will help you as a driver:

List safe driving awards you hold and from whom:

List any trucking, transportation or other experience that may help in your work for this company:

List additional courses and training other than already shown elsewhere on this application:

List special equipment or technical materials you can work with other than those already shown elsewhere on this application:

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature to be Read and Signed by Applicant

Section 40.25 (j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. See 40.25 (b) (5) (e)

The prospective employee is required by Section 40.25 (j) to respond to the following questions:

- 1. Have you tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?*

Check one **YES** **NO**

- 2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?*

Check one **YES** **NO**

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of 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 and 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.

If filling application on-line, typing name on signature line is equivalent to signature.

Signature: _____ Date: _____