



**APPLICATION FOR
QUALIFICATION**

DAVIS TRANS-LITE INC.

13489 SE HWY 212, Clackamas, Oregon 97015 | Phone 503-659-2989 | Fax 503-659-0501

INSTRUCTIONS TO APPLICANT

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None".

Date _____ Position applying for: Check One: Contractor Driver Contractor's Driver

Name _____
(First) (Middle) (Last)

Phone Number (_____) _____ Email: _____

Emergency Contact: _____ Contact Phone Number (_____) _____

*Age _____ Date of Birth _____ Social Security Number _____

**The Age Discrimination of employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.*

DOT Medical Certification Expiration Date: _____

Current & Three Years Previous Addresses:

_____ From _____ To _____
_____ From _____ To _____
_____ From _____ To _____
_____ From _____ To _____

Have you worked for this company before? Yes No

If yes, give dates: From _____ To _____

Reason for leaving? _____

EDUCATION HISTORY

Please check the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post-Graduate: 1 2 3 4

EMPLOYMENT HISTORY

Give a Complete Record of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past ten years.

Mo/Yr _____ Mo/Yr _____ Present or Last Employer:
From _____ To _____ Name _____
Position _____ Held Address _____
(Street) (City) (State/zip)

Reason For Leaving _____ Phone# (_____) _____

Were you subject to the FMCSR.s* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr _____ Mo/Yr _____ Present or Last Employer:
From _____ To _____ Name _____
Position _____ Held Address _____
(Street) (City) (State/zip)

Reason For Leaving _____ Phone# (_____) _____

Were you subject to the FMCSR.s* while employed here? Yes No

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(Street) (City) (State/zip)

Reason For Leaving _____ Phone# (_____) _____

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Position _____ Held Address _____
(Street) (City) (State/zip)

Reason For Leaving _____ Phone# (_____) _____

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Position _____ Held Address _____
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Reason For Leaving _____ Phone# (_____) _____

Were you subject to the FMCSR.s* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

EMPLOYMENT HISTORY

Give a Complete Record of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past ten years.

Mo/Yr _____ Mo/Yr _____ Present or Last Employer:
From _____ To _____ Name _____
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(Street) (City) (State/zip)

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DRIVING EXPERIENCE

Class of Equipment	Date		Approximate Number of Miles (Total)
	From	To	
Straight truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Tractor-three trailers (triples)			
Other			

List states operated in, for the last five years: _____

List special courses/training completed (PTD/DDC, Haz Mat, etc.): _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three years (*attach sheet if more space is needed*)

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three years)

State	License#	Type	Endorsements	Expiration Date

- A. Have Has any license, permit or privilege ever been suspended or revoked? Yes No
- B. Has any license, permit or privilege ever been suspended or revoked? Yes No
- C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? Yes No
- D. Have you ever been convicted of a felony? Yes No

If the answers to A, B, C or Dis "YES", give details _____

Have you ever been convicted of a DUI! ?

If yes, date of conviction: _____

Did you successfully complete an SAP program and are you able to provide documentation? _____

PERSONAL REFERENCES

List three persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

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Please detail your winter/chain up and winter driving experience.

SN	COMPANY NAMES YOU WERE EMPLOYED WITH	MOUNTAIN PASSES TRAVELED
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

TO BE READ AND SIGNED BY APPLICANT

I authorize Davis Trans-Lite Inc. to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, motor vehicle record, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all the rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/prior employers.
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

This certifies that I completed this application, and all entries and information within it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature _____ Date _____

Printed Name _____

In addition to this application Davis Translite will need a legible copy or picture of your CDL and DOT Medical Card uploaded.