## APPLICATION INFORMATION

| Last Name: | First: | M.I. | Date: |
|---|---|---|---|

| E-Mail Address: | Date of Birth: |
|---|---|

| Street Address: | Apartment/Unit #: |
|---|---|

| City: | State: | ZIP: |
|---|---|---|

| Phone: | Driver's License #: |
|---|---|

| Date Available: | Driver's License Class: | Desired Salary: |
|---|---|---|

Position Applied For: ☐ Driver ☐ Admin ☐ Laborer ☐ Other

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 worked for this company?    YES    NO    If so, when?

## EDUCATION

| High School: | Address: |
|---|---|

| From: | To: | Did you Graduate? YES    NO | Degree: |
|---|---|---|---|

| College: | Address: |
|---|---|

| From: | To: | Did you Graduate? YES    NO | Degree: |
|---|---|---|---|

| Other: | Address: |
|---|---|

| From: | To: | Did you Graduate? YES    NO | Degree: |
|---|---|---|---|

## REFERENCES

*Please list three professional references*

| Full Name: | Relationship: |
|---|---|
| Company: | Phone: (    ) |
| Address: | |

| Full Name: | Relationship: |
|---|---|
| Company: | Phone: (    ) |
| Address: | |

| Full Name: | Relationship: |
|---|---|
| Company: | Phone: (    ) |
| Address: | |

## Other Qualifications

Please list any other qualifications that you have and which you believe should be considered.

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years.
*In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years).*
*Any gaps in employment in excess of one (1) month must be explained.*
**Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary).**
**You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.**

## 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 | | |

| 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 | | | |

## Gaps and Other Information for Employment history

Please list reasons for gap(s) or other needed information regarding employment history.

## Previous Three Years Residency

Attach additional sheet if more space is needed

| | Street | City | State | Zip | # Years at Address |
| --- | --- | --- | --- | --- | --- |
| Previous | | | | | |
| Previous | | | | | |
| Previous | | | | | |

# Employment Application Continued:

## License Information

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

| State | License # | Type/Class | Endorsements | Expiration Date |
|---|---|---|---|---|
| | | | | |
| Previously Held Licenses | | | | |
| | | | | |
| | | | | |

## Driving Experience

| Class of Equipment | Type of Equipment (Van, Tank Flat, Etc.) | Date from: | Date to: | Approx. # of miles (Total) |
|---|---|---|---|---|
| Straight Truck | | | | |
| Tractor & Semi-Trailer | | | | |
| Tractor & Two Trailers | | | | |
| Tractor and Tanker | | | | |
| Other | | | | |

## Accident Record for the Past 3 Years

Attach additional sheet if more space is needed. Check this box if none ☐

| Dates (List most recent first) | Nature of Accident (Head-on, rear-end, upset, etc.) | # Fatalities | # Injuries | Chemical Spills (Y/N) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

## Traffic Convictions & Forfeitures for the Past 3 Years (Other than Parking Violations)

Attach additional sheet if more space is needed. Check this box if none ☐

| Date Convicted (Month/Year) | Violation | State of Violation | Penalty (Forfeited bond, collateral and/or points) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?
If yes, explain                                                                ☐ YES    ☐ NO

Has any license, permit, or privilege ever been suspended or revoked?
If yes, explain                                                                ☐ YES    ☐ NO

| TO BE READ AND SIGNED BY APPLICANT |
|---|

I certify that all answers or statements I have made on this application or on my resume or other supplementary materials are true and correct without omissions. I acknowledge that any omission, false statement or misrepresentation on this application or supplementary materials will be cause for refusal to hire or for immediate dismissal from employment at any time during the period of my employment, regardless of when or how discovered. *Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.*

I understand that **Dahl & Dahl** is an "**at will**" employer, and that no representative of **Dahl** has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits or terms and conditions of employment, except as may be specifically set out in a current written agreement.

I understand that, should employment be extended to me, I may be subject to the satisfactory results of any job- related pre--employment examination required by **Dahl and Dahl Inc**, including a blood and/or urine test to detect drug usage, and by my signature indicate my consent to such testing. I also understand that **Dahl and Dahl Inc**, uses Oregon State Patrol Database for background checks.

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, 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.

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/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.

| Signature: | Date: |
|---|---|

**Additional Information in regards to Dahl and Dahl Inc. Application**