

Driver's Application for Employment

Company: R.E. Powell Distributing
Address: P.O. Box 98
City, State, Zip: Grandview, WA 98930

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 or non-job related disability.

Date of Application: _____

Name (Last, First, Middle): _____ Social Security #: _____

Home Phone: _____ Message Phone: _____

List your addresses of residency for the past 3 years:

Current Address: _____

Street

_____ How Long?: _____
City State Zip Code

Previous Addresses: _____ How Long?: _____
Street City State & Zip Code

_____ How Long?: _____
Street City State & Zip Code

_____ How Long?: _____
Street City State & Zip Code

Are you legally able to work in the United States? Yes: _____ No: _____

Date of Birth: _____ Can you provide proof of age?: Yes: _____ No: _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ When and Where? _____

Reason for leaving? _____

Are you currently working? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Expected Rate of Pay _____

Have you ever been convicted of a crime: Yes: _____ No: _____ *A Yes answer will not necessarily disqualify an applicant*

If Yes, please explain: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (please see job description for specific duties)?

Employment History

All drivers' applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, zip code and phone number.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

Please list employers in reverse order starting with the most recent. Add another sheet as necessary.

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Employer _____
Address _____
Phone Number _____ Position Held: _____
Contact Name _____ Title: _____
From ____/____/____ to ____/____/____ Starting wage _____ Ending wage _____
Reason for leaving _____
Describe your position _____

Employer _____
Address _____
Phone Number _____ Position Held: _____
Contact Name _____ Title: _____
From ____/____/____ to ____/____/____ Starting wage _____ Ending wage _____
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Employer _____
Address _____
Phone Number _____ Position Held: _____
Contact Name _____ Title: _____
From ____/____/____ to ____/____/____ Starting wage _____ Ending wage _____
Reason for leaving _____
Describe your position _____

Education:

	Name and Location	Course of Study	No. of Years Completed?	Did you Graduate?	Degree or Diploma?
High School					
College					
Business/Trade/Technical					
Other					

Driving

Please list, Traffic Convictions and Forfeitures for the past 3 years (other than parking violations). If none, write none:

	Location	Date	Charge	Penalty
1.				
2.				
3.				

(Attach another sheet if more space is needed)

Please list, accidents for the past 3 years. If none, write none:

	Date	Nature of Accident (Head-on, Rear-end, Upset, ETC..)	Fatalities	Injuries
Last Account				
Next Previous				
Next Previous				

(Attach another sheet if more space is needed)

Please list any drivers' licenses that you have:

State	License Number	Type	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes: _____ No: _____

If you answered Yes to either A or B, please explain: _____

Please list any driving experience that you have. If none, write none:

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc..)	Date Started	Date Ended	Approximate Number of miles (total)
Straight Truck				
Tractor and Semi- Trailer				
Tractor- Two Trailers				
Motor Coach- School Bus				
Other				

List States that you have operated in for the past 5 years: _____

What Special Courses or Training have you attended that would help you as a Driver: _____

Do you have any Safe Driving Awards? If yes, from which companies? _____

List any Trucking, Transportation or Other Experience that may help in your work for this company: _____

List any courses and/or Training (other than shown elsewhere in this application) that may help you in your work for this company: _____

List any special equipment or technical materials you can work with, other than those shown already: _____

Applicant Statement

To be read and signed by the applicant

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision. The investigation may include any inquiry into my credit history, motor vehicle driving record, criminal and civil records, prior employers, education and other public information.

Due to the enormous number of applications that the company receives, I understand that the company cannot guarantee that my application will be considered for any or all open positions they may have, or that my application will be considered for any specific length of time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge an employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is acknowledged in writing by an authorized executive of this organization.

If you decide to engage an investigative consumer-reporting agency to report on my credit and person history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

If I am offer employment, I understand that I may be required to submit to a physical examination and/or a controlled substance screening.

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 regulation of the employer.

Signature of Applicant

Date