

# APPLICATION FOR EMPLOYMENT and PERSONNEL RECORD FOLDER

COMPANY NAME NWRS/KOOL PAK

STREET ADDRESS 6645 N ENSIGN

CITY, STATE, ZIP CODE PORTLAND, OR 97217

**(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, or non-job related disability.

POSITION (S) APPLIED FOR \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ SOCIAL SEC. NO. \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
STREET CITY STATE & ZIP CODE

ADDRESSES FOR PAST THREE YEARS } \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
STREET CITY STATE & ZIP CODE

\_\_\_\_\_ HOW LONG? \_\_\_\_\_  
STREET CITY STATE & ZIP CODE

**(ATTACH SHEET IF MORE SPACE IS NEEDED)**

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? \_\_\_\_\_

ARE YOU 21 YEARS OF AGE OR OLDER? \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ (ANSWER ONLY IF APPLYING FOR DRIVING POSITION)

**IN CASE OF EMERGENCY NOTIFY:** \_\_\_\_\_  
NAME ADDRESS PHONE

POSITION APPLIED FOR \_\_\_\_\_ TEMPORARY OR FULL TIME \_\_\_\_\_

HAVE YOU WORKED FOR THIS COMPANY BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_ RATE OF PAY \_\_\_\_\_ POSITION \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

NAMES OF RELATIVES IN OUR EMPLOY \_\_\_\_\_

ARE YOU NOW EMPLOYED? \_\_\_\_\_ IF NOT, HOW LONG SINCE LEAVING LAST EMPLOYMENT? \_\_\_\_\_

WHO REFERRED YOU \_\_\_\_\_ RATE OF PAY EXPECTED \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

If yes, explain if you wish. \_\_\_\_\_

**EMPLOYMENT RECORD**

NOTE: LIST PAST EMPLOYMENT FOR AT LEAST 10 YEARS.  
(ATTACH SHEET IF MORE SPACE IS NEEDED)

LAST EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_ CONTACT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 JOB DESCRIPTION \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_

SECOND LAST EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_ CONTACT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 JOB DESCRIPTION \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_

THIRD LAST EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_ CONTACT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 JOB DESCRIPTION \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_

FOURTH LAST EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_ CONTACT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 JOB DESCRIPTION \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_

FIFTH LAST EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_ CONTACT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 JOB DESCRIPTION \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_

**MILITARY STATUS**

RANK AT DISCHARGE \_\_\_\_\_

HAVE YOU SERVED IN THE U.S. ARMED FORCES? \_\_\_\_\_ BRANCH \_\_\_\_\_ DATE: FROM \_\_\_\_\_ TO \_\_\_\_\_

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8      HIGH SCHOOL: 1 2 3 4      COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_  
 NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

**GENERAL**

ARE YOU BONDABLE? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, GIVE DETAILS.  
 (YOUR RESPONSE WILL NOT NECESSARILY DISQUALIFY YOU FROM CONSIDERATION FOR EMPLOYMENT) \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

DRIVERS LICENSE	STATE	LICENSE NO.	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 \_\_\_\_\_
- C. Have you ever been disqualified subject to section 391 of the Federal Motor Carrier Safety Regulations?  
 IF THE ANSWER TO EITHER A, B, OR C IS YES, ATTACH STATEMENT GIVING DETAILS      YES \_\_\_\_\_ NO \_\_\_\_\_

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN,TANK,FLAT,ETC.)	Date		APPROX. NO. OF MILES (TOTAL)
		From	To	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**ACCIDENT REVIEW FOR PAST 10 YEARS (Attach sheet if more space is needed)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			
NEXT PREVIOUS			
NEXT PREVIOUS			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 10 YEARS (OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

**EXPERIENCE AND QUALIFICATIONS – MAINTENANCE**

List courses and training in maintenance work \_\_\_\_\_

INDICATE TRAINING AND EXPERIENCE IN THE FOLLOWING:	TRAINING (CHECK)	YEARS OF EXPERIENCE	INDICATE TRAINING AND EXPERIENCE IN THE FOLLOWING:	TRAINING (CHECK)	YEARS OF EXPERIENCE
Drive Train Components			Cooling System		
*Diesel Engine (indicate make of engine)			Electrical Repair		
Tune Up			Air Conditioning/Refrig.		
Rebuild			Tire Service		
*Gasoline Engine			*Wheel Change		
(indicate make of engine)			*Flat Repair		
Tune Up			Frame and Wheel Alignment		
Rebuild			Body Work		
*Gearing System			Trailer Repair		
Transmission			Other		
Rear End			(Specify)		
Brakes					
*Air					
*Hydraulic					

INDICATE EQUIPMENT YOU CAN OPERATE	TRAINING (CHECK)	YEARS OF EXPERIENCE	INDICATE EQUIPMENT YOU CAN OPERATE	TRAINING (CHECK)	YEARS OF EXPERIENCE
Welding Equipment			Tire Recapping Equipment		
*Electric Arc			Engine/ Chassis Dynamometer		
*Hel-Arc			Magnetic Crack Detection		
*Wire Feed			Equipment		
*Oxyacetylene Torch			Engine Analyzer		
Frame & Axle Straightening			Emission Measurement		
Equipment			Equipment		
Injector & Fuel Pump			Spray Paint Booth/ Equipment		
Rebuilding Equipment			Other (specify)		
Wheel & Tire Balancing					
Equipment					

**EXPERIENCE AND QUALIFICATIONS – CLERICAL**

INDICATE TRAINING AND EXPERIENCE IN THE FOLLOWING:	INDICATE TRAINING/CLASSES	YEARS OF WORK EXPERIENCE	INDICATE TRAINING AND EXPERIENCE IN THE FOLLOWING:	INDICATE SOFTWARE	YEARS OF WORK EXPERIENCE
Typing WPM _____			<b>Computer Skills</b>		
Billing			Word Processing		
Rating			Spreadsheet		
10 Key			Database		
OS&D/ Claims			Accounting		
Interline			Web Design		
Payroll			List All Computer Training Received		
Dispatch					
Other:					

LIST COURSES AND TRAINING IN OFFICE WORK \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – PLATFORM**

LIST TYPES OF PLATFORM EXPERIENCE AND YEARS OF EACH \_\_\_\_\_

LIST PLATFORM EQUIPMENT YOU CAN OPERATE (LIFT TRUCK, ETC.) \_\_\_\_\_

SHOW COURSES OR TRAINING IN PLATFORM WORK \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, financial, or 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.

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.

DATE \_\_\_\_\_

APPLICANTS SIGNATURE \_\_\_\_\_

**APPLICANT – DO NOT WRITE BELOW THIS LINE  
PROCESS RECORD**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

**THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE**

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PHYSICAL EXAM*						
4. PAST EMPLOYMENT						
5. WRITTEN EXAM						
6. ROAD TEST						
7. POLICE AND TRAFFIC RECORD						

\*DRIVER APPLICANTS ONLY

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

# Inquiry To Past Employer

FROM - PROSPECTIVE EMPLOYER			TO - PREVIOUS EMPLOYER		
COMPANY			COMPANY		
INDIVIDUAL			INDIVIDUAL		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP

Dear Sir/Madam:

The person named below has made application to this company for employment as \_\_\_\_\_ and states that he/she was employed by you as \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

Kindly reply to the inquiry below respecting this applicant. As stated below, the applicant has waived any claim of liability against your company for information submitted in response to this inquiry.

Sincerely, \_\_\_\_\_

**NAME OF APPLICANT** \_\_\_\_\_

**SOCIAL SECURITY NO.** \_\_\_\_\_

1. Is employment record with your company correct as stated above? \_\_\_\_\_
2. What kind(s) of work did the applicant do? \_\_\_\_\_
3. If employed as a driver, specify equipment driven \_\_\_\_\_
4. Number of accidents \_\_\_\_\_ Number of preventable \_\_\_\_\_
5. Was the applicant's driver license ever suspended or revoked? \_\_\_\_\_
6. Reason for leaving your employ: Discharged \_\_\_\_\_; Laid Off \_\_\_\_\_; Resigned \_\_\_\_\_
7. Was the applicant's general conduct satisfactory? Yes \_\_\_\_\_; No \_\_\_\_\_; Other \_\_\_\_\_
8. Is applicant competent for the position applicant is seeking? Yes \_\_\_\_\_; No \_\_\_\_\_; Other \_\_\_\_\_
9. Would you re-employ? Yes \_\_\_\_\_; No \_\_\_\_\_; Other \_\_\_\_\_
10. Any remarks with regards to questions 1 – 9 above? \_\_\_\_\_

**By:** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Signature of person supplying information)

----- Detach here for your files -----

## FORMER EMPLOYER LIABILITY RELEASE

\_\_\_\_\_  
(Former Employer)

\_\_\_\_\_  
(Date)

***I hereby authorize you to release all information regarding my services, character and conduct while in you employ, and you are released from any and all liability which may result from furnishing such information.***

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Witness's Signature)

# Request For Check Of Driving Record

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report, the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the applicants release notice (below) meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

\_\_\_\_\_  
(Signature of Requester)

\_\_\_\_\_  
(Date)

I hereby authorize you to release the following information to \_\_\_\_\_  
(Prospective Employer)

for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Employment Record     Non-Employment Record     Both Amount Enclosed \_\_\_\_\_

\_\_\_\_\_  
(Applicants Signature)

\_\_\_\_\_  
(Date)

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEAR SIR/MADAM

The following person has made application with our company for the position of \_\_\_\_\_  
In accordance with Section 391.23 of the Federal Motor Carrier Safety Regulations, please furnish the undersigned carrier with the applicant's driving record for the past three (3) years.

NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

## REQUESTED BY

\_\_\_\_\_  
(Name of Company)

\_\_\_\_\_  
(Typed Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Signature)

# Violation & Review Record

DRIVERS NAME	EMPLOYEE NO.
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## CERTIFICATION OF VIOLATION

*I certify that the following is a true and complete list of all traffic violations (including revocation, suspension, or withdrawal of an operator's license, but not parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.*

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Operator's License:  
(Revoked, Suspended or Withdrawn) \_\_\_\_\_ Date: \_\_\_\_\_ License Restored: \_\_\_\_\_  
License No. \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

*If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.*

_____	_____
Driver's Signature	Date
_____	_____
Reviewed by: Signature	Title
_____	_____
Motor Carrier's Name	Motor Carrier's Address

## REVIEW AND EVALUATION OF DRIVER'S RECORD

In accordance with Section 391.25 of the Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him/her in accordance with Section 391.27, has been reviewed for the past 12 months. Details actions taken below and, if needed, on the back side of this form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

_____	_____	_____
Reviewed by: Signature	Title	Date