



**EXPERIENCE AND QUALIFICATIONS**

List All Current Licenses

STATE LICENSE NO. \_\_\_\_\_ TYPE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 STATE LICENSE NO. \_\_\_\_\_ TYPE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 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

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS: \_\_\_\_\_  
 \_\_\_\_\_

**DRIVING EXPERIENCE**

Equipment Class	Equipment Type (Van, Tank, Flat, Dump, Reefer)	Dates		Approx. Miles
		From:	To:	
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No				
Tractor and Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No				
Tractor – Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No				
Tractor – Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No				
8 Passenger Coach/Bus <input type="checkbox"/> Yes <input type="checkbox"/> No				
15 Passenger Coach/Bus <input type="checkbox"/> Yes <input type="checkbox"/> No				

**ACCIDENT RECORD FOR THE PAST 3 YEARS**

(ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATE	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS**

(OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

DATE	LOCATION	CHARGE	CONVICTION	PENALTY

## EMPLOYMENT HISTORY

All driver 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 and zip code.

**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.**

(NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

<b>EMPLOYER:</b>		
CONTACT PERSON:	PHONE:	
ADDRESS:	START DATE:	END DATE:
CITY:	STATE:	ZIP:
POSITION TITLE:	REASON FOR LEAVING:	

WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED?\*  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 49CFR PART 40?\*\*\*  YES  NO

<b>EMPLOYER:</b>		
CONTACT PERSON:	PHONE:	
ADDRESS:	START DATE:	END DATE:
CITY:	STATE:	ZIP:
POSITION TITLE:	REASON FOR LEAVING:	

WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED?\*  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 49CFR PART 40?\*\*\*  YES  NO

<b>EMPLOYER:</b>		
CONTACT PERSON:	PHONE:	
ADDRESS:	START DATE:	END DATE:
CITY:	STATE:	ZIP:
POSITION TITLE:	REASON FOR LEAVING:	

WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED?\*  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 49CFR PART 40?\*\*\*  YES  NO

<b>EMPLOYER:</b>		
CONTACT PERSON:	PHONE:	
ADDRESS:	START DATE:	END DATE:
CITY:	STATE:	ZIP:
POSITION TITLE:	REASON FOR LEAVING:	

WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED?\*  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 49CFR PART 40?\*\*\*  YES  NO

<b>EMPLOYER:</b>		
CONTACT PERSON:	PHONE:	
ADDRESS:	START DATE:	END DATE:
CITY:	STATE:	ZIP:
POSITION TITLE:	REASON FOR LEAVING:	

WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED?\*  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 49CFR PART 40? \*\*  YES  NO

<b>EMPLOYER:</b>		
CONTACT PERSON:	PHONE:	
ADDRESS:	START DATE:	END DATE:
CITY:	STATE:	ZIP:
POSITION TITLE:	REASON FOR LEAVING:	

WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED?\*  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 49CFR PART 40? \*\*  YES  NO

\*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.

\*\* The Federal Motor Carrier Safety Regulations (FMCSR'S) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**TO BE READ AND SIGNED BY APPLICANT**

I understand that information I provide regarding current and/or previous 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(d) and (e). I understand that I have the right to:

- Review information provided by 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.

I certify that the answers given by me to the foregoing questions and statements and any subsequent questionnaires, including a medical history questionnaire, are true and correct without omissions of any kind whatsoever. I understand and agree that all of the information I provide on this application form and subsequent questionnaire forms may be checked and verified by Goodwill Industries of the Columbia Willamette (GICW) and I agree and consent to such verification and background check. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me on this or any subsequent questionnaires. I also authorize the companies, schools or persons named above to give GICW any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons named above from all liability for any damage from issuing this information. I understand that any false, misleading, or incorrect statements or omissions may render this application void, and if employed, may be cause for termination. GICW requires all job applicants to complete a medical history questionnaire form and pass a drug test if a conditional offer of employment is extended. I further understand that GICW is an "employment at will" employer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date