GOODWILL INDUSTRIES OF THE COLUMBIA WILLAMETTE

APPLICATION FOR EMPLOYMENT COMMERCIAL DRIVERS

We do not discriminate on the basis of race, color, national origin, age, sex, gender, marital status, disability, sexual orientation, religion, family status, filing of a workers' compensation claim, Veteran status, political affiliation, or any other legally protected status. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job related factors.

Any individual who needs accommodation or assistance in completing an application for employment at any time during the application process should inform the Human Resources Department at (503) 238-6100.

Each question should be fully and accurately answered. No action can be taken on this application unless all questions have been answered and the application signed. **Attach an additional page if you do not have enough room. Please print**, except for signature on the back of the application.

on the back of the application	ш.			Applica	ation Date:	
LAST Name	FIRST Name	M	IDDLE 1	Name	Day/Message	Telephone No.
Present Address		City			State	Zip
e-mail address:						
Have you read the job descri	ription for the job(s) for which	h you are applyi	ng?		Yes	No
Can you perform the essent	ial functions of the job with o	or without reasor	able acc	commodation?	Yes	No
Referred By:						
Employment you are seekir	ng: Full-Time	I	Part-Tim	e	Nights/Shi	ft Work
When are you available for	employment?					
	older? Yes		you may	y be required to si		
Social Security Number:	1					
-	dence of your eligibility to w			If Yes, when?	es Where?	No
Have you ever applied at G	at Goodwill Industries? oodwill Industries?				Where?	
	expect to engage in any other	_	-			Yes No
List all previous names, a maiden name, if applicable:	assumed names (aliases) or	nicknames and				
	you have lived in for the past	10 years:				

EXPERIENCE AND QUALIFICATIONSList All Current Licenses

	STATE	LICENSE NOLICENSE NO	TYPE TYPE				
	STATE	LICENSE NO	TYPE		TION DATE_ TION DATE_		
A. B.	MOTOR HAS AN	OU EVER BEEN DENIED A LI VEHICLE? Y LICENSE, PERMIT OR PRIV ANSWER TO EITHER A OR B I	ILEGE EVER BEEN SUSPE	NDED OR R	REVOKED?	☐ YES ☐	NO
			DRIVING EXPERIENCE				_
	E	quipment Class	Equipment Type (Van, Tank, Flat, Dump,		Date From:	es To:	Approx. Miles
Straight	Truck	Yes No					
Tractor	and Semi-	Trailer Yes No					
Tractor -	– Two Tra	ailers Yes No					
Tractor -	– Three T	railers Yes No					
8 Passer	nger Coacl	h/Bus Yes No					
15 Passe	enger Coa	ch/Bus Yes No					
			T RECORD FOR THE PAS MORE SPACE IS NEEDED) I				
DA	ΛTE	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	FATALITIES	INJU	JRIES		ARDOUS RIAL SPILL
			ONS AND FORFEITURES F RKING VIOLATIONS) IF N	_		<u> </u> S	
DA	TE	LOCATION	CHARGE	CONV	ICTION	PE	NALTY

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.)

TESTING REOUIREMENTS OF 49CFR PART 40?** \square YES \square NO

EMPLOYER:		
CONTACT PERSON:	PHONE:	
ADDRESS:	START DATE:	END DATE:
CITY:	STATE:	ZIP:
POSITION TITLE:	REASON FOR LEAV	'ING:
WERE YOU SUBJECT TO THE FMCSR'S WHILE EM	PLOYED?* □ YES □ NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENS FESTING REOUIREMENTS OF 49CFR PART 40?**	ITIVE FUNCTION IN ANY DOT-REGULATED MODE] YES□ NO	SUBJECT TO THE DRUG AND ALC
EMPLOYER:		
CONTACT PERSON:	PHONE	
ADDRESS:	START DATE:	END DATE:
CITY	STATE:	ZIP:
CITY:	SIMIL.	ZIII.
POSITION TITLE: WERE YOU SUBJECT TO THE FMCSR'S WHILE EM: VAS YOUR JOB DESIGNATED AS A SAFETY-SENS. TESTING REOUIREMENTS OF 49CFR PART 40?**	REASON FOR LEAV PLOYED?* ☐ YES ☐ NO ITIVE FUNCTION IN ANY DOT-REGULATED MODE	/ING:
POSITION TITLE: WERE YOU SUBJECT TO THE FMCSR'S WHILE EM. WAS YOUR JOB DESIGNATED AS A SAFETY-SENS TESTING REOUIREMENTS OF 49CFR PART 40?** EMPLOYER:	REASON FOR LEAV PLOYED?* YES NO ITIVE FUNCTION IN ANY DOT-REGULATED MODE YES NO	/ING:
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CONT	LOYER:	,	
	ACT PERSON:	PHONE:	
ADDR	RESS:	START DATE:	END DATE:
CITY:		STATE:	ZIP:
POSIT	TION TITLE:	REASON FOR LEAV	TING:
WERE Y	YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED?	* 🗌 YES 🗎 NO	
	OUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNG REOUIREMENTS OF 49CFR PART 40?** ☐ YES☐ N		SUBJECT TO THE DRUG AND ALCOHOL
EMP	LOYER:		
CONT	ACT PERSON:	PHONE:	
ADDR	RESS:	START DATE:	END DATE:
CITY:		STATE:	ZIP:
POSIT	TION TITLE:	REASON FOR LEAV	ING:
TESTIN	OUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNG REOUIREMENTS OF 49CFR PART 40?** YES Nedes vehicles having a GVWR of 26,001 lbs or more	NO	
	erce to transport passengers or property when the transport 9 or more passengers, OR (3) is of any ding.		
contact	rstand that information I provide regarding currented, for the purpose of investigating my safety pene right to:		
contact	ted, for the purpose of investigating my safety pe	nt and/or previous employers may be userformance history as required by 49 C	
contact nave th	ted, for the purpose of investigating my safety pene right to:	nt and/or previous employers may be userformance history as required by 49 Colovers;	FR 391 .23(d) and (e). I understand tha
contact have th	ted, for the purpose of investigating my safety pene right to: Review information provided by previous empth Have errors in the information corrected by pre-	nt and/or previous employers may be userformance history as required by 49 Coloyers; evious employers and for those previous	USER 391 .23(d) and (e). I understand that us employers to re-send the corrected
contact have th I certify history provide Columl liable ir subsequemploy damage applica questio	ted, for the purpose of investigating my safety pene right to: Review information provided by previous empth Have errors in the information corrected by preinformation to the prospective employer; and Have a rebuttal statement attached to the allege	and and/or previous employers may be userformance history as required by 49 Coologors; evious employers and for those previous employers and for those previous ed erroneous information, if the previous ed erroneous information and any subsections of any kind whatsoever. I understation such verification and background checause of falsity of statements, answerses, schools or persons named above to ease said companies, schools or personat any false, misleading, or incorrect termination. GICW requires all job	us employers to re-send the corrected ous employer(s) and I cannot agree on the equent questionnaires, including a medicand and agree that all of the information diverified by Goodwill Industries of teck. I agree that the company shall not so or omissions made by me on this or a give GICW any information regarding runs named above from all liability for a statements or omissions may render thapplicants to complete a medical history.