

APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____

Company: Big Rigs Tanker Service

Address: 14501 Military Rd. East

City: Puyallup State: WA Zip: 98374

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, veteran status, non – job related disability, or any other protected group status.

Check if you are willing to accept regular work on:

Full Time Temp/Seasonal Day Shift Night Shift Weekends

Part Time Evening Shift On Call Variable Shift

Any prior commitments which would require absence of more than a few hours in the next 12 months? Yes No

If yes, please explain: _____

Are you now, or do you expect to be engaged in any other business or employment? Yes No

If yes, please explain: _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information regarding my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) will be contacted, for 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;

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 _____

EXPERIENCE AND QUALIFICATIONS

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE #	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. If you have your CDL, how long? _____ Hazmat Endorsement? YES NO

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

EXPERIENCE AND QUALIFICATION – OTHER

SHOW ANY OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

LIST SPECIAL EQUIPMENT OR TECHINCAL MATERIALS YOU CAN WORK WITH:

LIST APPLICABLE CERTIFICATIONS (E.G. BRAKE CERT, 609 CERT, CAT/CUMMINS CERT, FORKLIFT, CPR ETC.)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: _____ HIGHSCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4
 LAST SCHOOL ATTENDED _____ CITY/STATE _____

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.

Signature: _____ Date: _____

APPLICANT TO COMPLETE
(answer all questions)

Position(s) applying for _____

Name _____ Preferred Name _____
Last First Middle

Cell Phone _____ Home Phone _____ Email _____

Birthdate _____ SSN _____

List your addresses of residency for the past 3 years.

Current address _____
Street City
State Zip Phone How Long
YR/MO

Previous address _____
Street City
State Zip Phone How Long
YR/MO

Previous address _____
Street City
State Zip Phone How Long
YR/MO

Do you have the legal right to work in the United States? _____

Can you provide proof of age? _____

Have you worked for this company before? _____

Dates: From _____ To _____ Position _____

Reason for leaving _____

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

Who referred you? _____ Rate of pay expected _____

Have you ever been convicted of a felony? _____

If yes, please explain full on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment all circumstances will be considered.

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, please explain:

EMPLOYMENT HISTORY

List complete mailing address, street number, city, state and zip code.

EMPLOYER			DATE			
NAME:			FROM		TO	
			MO.	YR.	MO.	YR
ADDRESS:			POSTION HELD			
CITY:	STATE:	ZIP:	SALARY/WAGE			
CONTACT PERSON:			PHONE:		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED			<input type="checkbox"/> YES		<input type="checkbox"/> NO	
WAS YOUR JOB DESIGNATED AS A SAFEY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO						

EMPLOYER			DATE			
NAME:			FROM		TO	
			MO.	YR.	MO.	YR
ADDRESS:			POSTION HELD			
CITY:	STATE:	ZIP:	SALARY/WAGE			
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EMPLOYER			DATE			
NAME:			FROM		TO	
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WAS YOUR JOB DESIGNATED AS A SAFEY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO						

*Includes vehicles having a GVWR or 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.
 + The Federal Motor Carrier Safety Regulations (FMCSRs) 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 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.