



18811 16th Ave S.
Seattle, WA 98188
Phone 206-763-9734
Fax 206-763-3738

Application for Employment

Name: _____ Phone: (____) _____
First Middle Last

*Current Address: _____
Street City State Zip

*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street _____ City _____ State _____ Zip _____

Street _____ City _____ State _____ Zip _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____
Month / Day / Year

The US Department of Transportation requires that driver applicants state their date of birth and social security number §391.21 (b)(2)

Position applying for: _____ Temporary: _____ Part Time: _____ Full Time: _____

Who referred for? _____ Rate of pay expected: _____

Have you ever worked for this company before?: _____ Dates: From: _____ To: _____

Where? _____ Rate of Pay? _____ Position: _____

Reason for leaving? _____

Names of any relatives employed by this company: _____

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

EDUCATION

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

Last school attended: _____
Name Address

Driving School: _____ Date completed: _____

GENERAL

Have you ever tested positive in a DOT alcohol or drug test including pre-employment tests whether hired by that firm or not?

Have you ever been bonded? _____ Name of bonding company: _____
(Answer only if job requirement)

Have you ever been convicted of a felony? _____

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

Have you ever worked for this company under another name? _____ If so, under what name? _____



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Driver Experience & Qualification (continued) Answer the questions in this section only if applying for driver position.

Licenses

Drivers Licenses held in the past 3 years must be shown	State	License No.	Class	Endorsement(s)	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 for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____
 If you answered "yes" to A, B or C, attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi Trailer				
Twin Trailers – LVC's				
Other				

List states operated in during last five years: _____

List special courses or training that will help you as a driver: _____

List driving awards held and who awards were presented by: _____

Accident Review for the past 3 years (Attach separate sheet of paper if more space is needed)

Dates	Nature of Accident (Head-On, Rear-End, Overturn, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the past 3 years other than parking violations

Location	Date	Charge	Penalty

Employment Record (this must be filled out, even if you submit a resume)

All Employment History for at Least Three Years Plus...
 All Employment History as a Driver of a Commercial Motor Vehicle for at Least Ten Years



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Current Employer or (last employer if not currently employed)

Dates

Company:				From:	To:
Address:		City:	State:	Zip:	Position Held:
Type(s) of Equipment Operated (drivers or mechanics only):				Wage:	
Contact Person:		Phone Number:		Reason for Leaving:	
Were you subject to the FMCSR's while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was your job designated as a safety 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					

Employment History (continued)

Previous Employer

Dates

Company:				From:	To:
Address:		City:	State:	Zip:	Position Held:
Type(s) of Equipment Operated (drivers or mechanics only):				Wage:	
Contact Person:		Phone Number:		Reason for Leaving:	
Were you subject to the FMCSR's while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was your job designated as a safety 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					

Previous Employer

Dates

Company:				From:	To:
Address:		City:	State:	Zip:	Position Held:
Type(s) of Equipment Operated (drivers or mechanics only):				Wage:	
Contact Person:		Phone Number:		Reason for Leaving:	
Were you subject to the FMCSR's while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was your job designated as a safety 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					

Previous Employer

Dates

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Address:		City:	State:	Zip:	Position Held:
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Previous Employer

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Platform Experience & Qualifications

List types of platform experience and number of years of each: _____

List platform equipment you can operate (lift truck etc.): _____

List courses or training in platform work: _____

IN CASE OF EMERGENCY NOTIFY: _____ Phone: (____) _____
 Address: _____ Relationship: _____

Applicant Must Read & Sign

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with Graham Trucking I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with Graham Trucking and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all rules and policies of the employer.

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.

Date: _____ Applicant Signature _____

FOR OFFICE USE – DO NOT WRITE IN THIS SPACE
 PROCESS RECORD

Applicant Hired? Yes: _____ No: _____ Date of Birth: _____ month/day/year
 Date Employed: _____ Point Employed: _____
 Department: _____ Classification: _____
 (if not hired, summary report of reasons should be placed in file)

This section should be filled in by responsible officer or company representative.

	Superior	Good	Fair	Below Avg.	Poor	Written Record on File
1. Application						
2. Interview						
3. Physical Exam*						
4. Past Employment						
5. Written Exam						
6. Road Test*						
7. Policy & Traffic Record						

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 - 2. Interview
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- *driver applicants only

Signature of Interviewing Officer: _____ Date: _____

WE DON'T USE