

ATTACH COPY OF CURRENT
MEDICAL CARD AND
DRIVING RECORD

Date Hired: _____

Start Wage: _____

Approved By: _____

DMV Check: () Yes () No

DRIVER'S

APPLICATION FOR EMPLOYMENT



Moore Excavation Inc. / MEI Group
5501 NE 223rd Ave., Fairview, OR 97024
(503) 674-0900 Phone • (503) 674-0909 Fax

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.

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 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.

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.

Signature _____ Date _____

Name _____ Email Address: _____

Position(s) applied for _____ Referred By: _____

Phone _____ Social Security No. _____

Physical Address _____ Street _____ City _____ State & Zip _____ How Long? _____

Mailing Address _____ Street _____ City _____ State & Zip _____

Addresses for past 3 years } _____ Street _____ City _____ State & Zip _____ How Long? _____

_____ Street _____ City _____ State & Zip _____ How Long? _____

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

Are you 21 years of age or over? _____ Date of birth _____ (answer only if applying for driving position)

Have you worked for this company before? _____ Where? _____

Dates: From _____ to _____ Position _____

Reason for leaving _____

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

Who referred you? _____ Rate of pay expected _____

Are you bondable? _____

Have you ever been convicted of a felony that would disqualify you from operating a CMV? _____

If yes, please explain. _____

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 _____

In case of emergency notify _____	Phone _____
Relation _____	

MILITARY STATUS

Have you served in the U.S. Armed Forces? _____ Branch _____

Dates: From _____ to _____ Rank at discharge _____

EDUCATION

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

Last school attended _____ Address _____

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	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

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, DUMP, REFER)	DATES		APPROX. NO. OF MILES
		FROM	TO	
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No				
Tractor & 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				
Motor Coach – School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No Moore Than 8 Passengers				
Motor Coach – School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No Moore Than 15 Passengers				
Other				

List states operated in for last five (5) years _____

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

Which safe driving awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS – PLATFORM

List types of platform experience and years of each _____

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

List courses or training in platform work _____

EXPERIENCE AND QUALIFICATIONS – VEHICLE MAINTENANCE

List courses and training in maintenance work _____

List maintenance equipment you can operate _____

EXPERIENCE AND QUALIFICATIONS – OTHER

List any trucking, transportation or other experience that may help in your work for this company _____

List any courses and training other than shown elsewhere in the application _____

List special equipment or technical materials you can work with (other than those already shown) _____

ACCIDENT RECORD FOR PAST THREE (3) YEARS OR MORE

(Attach sheet if more space is needed) If none, write none

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

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS

(Other than parking violations) If none, write none

LOCATION	DATE	CHARGE	PENALTY

(Attach sheet if more space is needed)

**PREVIOUS PRE-EMPLOYMENT EMPLOYEE
ALCOHOL AND DRUG TEST STATEMENT**

The prospective employee is required by Sec. 40.25(j) to respond to the following questions:

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two (2) years?

Check one: Yes No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

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.

Prospective Employee Signature _____ Date _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years. List complete mailing addresses, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional seven (7) years information on those employers for whom the applicant operated such vehicle.

(Note: List employers in reverse order starting with the most recent.)

EMPLOYER		DATES	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON	PHONE NUMBER		
WHERE 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 49CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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NAME		FROM	TO
ADDRESS		POSITION HELD	
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CONTACT PERSON	PHONE NUMBER		
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*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.

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(Note: List employers in reverse order starting with the most recent.)

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ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON	PHONE NUMBER		
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