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| **TERMINAL TRANSFER, INC.** |

PORTLAND

15745 N LOMBARD SUITE # 100 • PORTLAND, OR 97203

P (503) 288-7164 • F (503) 249-2113

SEATTLE

25802 74TH AVE SOUTH • KENT, WA 98032

P (253) 981-6718 • F (253) 243-7815

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| APPLICATION FOR EMPLOYMENT |
| NAME: SOCIAL SECURITY#: |
| DATE OF BIRTH: DRIVERS LICENSE#: |
| ADDRESS: PHONE#: |
| CITY, STATE ZIP: |
| EMAIL ADDRESS (REQUIRED): |

|  |
| --- |
| POSITION APPLYING FOR |
| TITLE: SALARY DESIRED: DATE AVAILABLE: |
| EMPLOYED NOW? **Y / N** MAY WE CONTACT YOUR CURRENT EMPLOYER? **Y / N** |
| REFERRED BY:  APPLIED HERE BEFORE: **Y / N**  IF SO, WHEN? |

|  |
| --- |
| BACKGROUND |
| ARE YOU A U.S. CITIZEN? **Y / N MUST PROVIDE DOCUMENTS** |

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| --- |
| **EDUCATION** |
| HIGH SCHOOL(NAME, CITY & STATE) |
| GRADUATION DATE: |
| BUSINESS OR TECH SCHOOL: |
| DATES ATTENDED: DEGREE/MAJOR: |
| COLLEGE: |
| DATES ATTENDED: DEGREE/MAJOR: |
|  |
| WORK HISTORY |
| PRESENT-LAST POSITION: FROM: TO:  COMPANY: PHONE #  ADDRESS  REASON FOR LEAVING: SALARY: $ |
| PREVIOUS POSITION: FROM: TO:  COMPANY: PHONE #  ADDRESS  REASON FOR LEAVING: SALARY: $ |
| PREVIOUS POSITION: FROM: TO:  COMPANY: PHONE #  ADDRESS  REASON FOR LEAVING: SALARY: $ |
|  |
| **REFERENCES** |
| NAME ADDRESS YRS. KNOWN PHONE# |
| 1. |
| 2. |
| 3. |

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE.

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE ONLY,**

**DOH\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POSITION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WAGE\_\_\_\_\_\_\_\_\_\_\_\_**

**FULL/PART TIME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LUNCH PAID: Y / N**

**NEED TO BE TSA CERTIFIED: Y / N**

### INQUIRY TO PAST EMPLOYERS

TO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FROM: Company: Terminal Transfer Inc.

Street Address: 15745 N Lombard ST Ste# 100 File:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: Portland State: Oregon Zip: 97203

Personnel Manager:

The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer. Will you kindly reply to this inquiry regarding this applicant? As you will note from the waiver stated below, the applicant has waived any claim of liability against the company and it’s agents for information submitted in response to this inquiry.

#### Name of applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Job applied for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. This applicant lists dates of employment with your firm from:\_\_\_\_\_\_\_\_to:\_\_\_\_\_\_\_\_. Is this correct? Yes No

If no, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What kind(s) of work did he/she do? Driver; Dock; Office; Shop; Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If employed as a driver, please indicate type of equipment driven. Tractor trailer; Straight truck; TwinTrailer Bus; Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Number of accidents\_\_\_\_\_\_\_\_\_; number of accidents in which applicant was ticketed\_\_\_\_\_\_\_\_\_\_\_; number in which the applicant was at fault\_\_\_\_\_\_\_\_\_ (Please show dates and circumstances on a separate sheet).
4. To your knowledge, was this person’s chauffer/operator’s license suspended while in your employ?\_\_\_\_\_\_\_\_\_ If so, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. (Respond only if checked\*) Was this person bonded while with your company? \_\_\_\_\_\_\_\_ If so, were there any circumstances that were reported to the bonding company?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *\*Future employer – check this question only if bonding is required for this position.*
6. To the extent the person handled company funds did he/she properly maintain an account for such funds Yes No
7. Are you aware of any physical or mental limitations that could impair this individual’s performance of the particular job applied for?\_\_\_\_\_\_\_\_ If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Did the applicant pose either repeated and/or severe disciplinary problems?\_\_\_\_\_\_\_ If so, please explain on a separate sheet.
9. Why did this employee leave your company? Resigned; Discharged; Laid off.
10. Would you re-employ this person? Yes; No Please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. In the past two years, has this person tested positive or refused a controlled substance or alcohol test? If yes, please supply dates of tests and/or refusals. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of person supplying information)

#### INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCE INFORMATION, PRECEDING 2 YEARS

Alcohol tests with a result of 0.04 or greater? YES NO If yes, give dates\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verified positive controlled substance test results? YES NO If yes, give dates\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refusals to be tested? YES NO If yes, give dates\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rehab completed under direction of SAP/MRO? YES NO If yes, give dates\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & address of rehab counselor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### APPLICANT’S SIGNATURE DATE