



LAND & TIMBER CO.

29191 Dike Road, Rainier OR 97048 (503)556-0410
 42894 Old Hwy 30, Astoria OR 97103 (503)458-6671

Commercial Driver Employment Application

Date: _____

Name: _____
First Middle Last (Maiden Name, if any)

Address: _____ How Long? _____
Street City State & Zip Code

Home phone: _____ Cell phone: _____

Date of Birth: _____ Social Security Number: _____

PREVIOUS THREE YEARS RESIDENCY

Address: _____ How Long? _____
Street City State & Zip Code

Address: _____ How Long? _____
Street City State & Zip Code

LICENSE INFORMATION

State of Issue	License Number	Type	Expiration Date

DRIVING EXPERIENCE

Equipment Class	Equipment Type Flat, Tank, Van, Etc.	Years of Experience	Approximate Miles
Straight Truck			
Tractor and Semi Trailer			
Double Trailer			
Other			

ACCIDENT RECORD FOR PAST 3 YEARS (OR MORE ATTACH ADDITIONAL SHEET IF NECESSARY)

Date	Nature of Accident (Head-on, Rear-end, Rollover, etc)	Number of injuries and/or fatalities	DOT Recordable?

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Date convicted (month/year)	Violation	State violation occurred in	Penalty (fine, forfeited bond, etc)

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

If Yes explain: _____

Has any license, permit or privilege ever been suspended or revoked? YES NO

If Yes explain: _____

EMPLOYMENT HISTORY

Must list ALL employers for past 3 years (most recent first). All Employer information must be complete & gaps in employment explained.

Employer Name: _____

Address: _____

Phone number: _____ Supervisor's Name: _____

Position(s) held: _____ From: _____ To: _____

Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by this previous employer? YES NO

Was the job position designated as a safety sensitive function in **any** DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR, part 40? YES NO

Employer Name: _____

Address: _____

Phone number: _____ Supervisor's Name: _____

Position(s) held: _____ From: _____ To: _____

Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by this previous employer? YES NO

Was the job position designated as a safety sensitive function in **any** DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR, part 40? YES NO

Employer Name: _____

Address: _____

Phone number: _____ Supervisor's Name: _____

Position(s) held: _____ From: _____ To: _____

Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by this previous employer? YES NO

Was the job position designated as a safety sensitive function in **any** DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR, part 40? YES NO

Employer Name: _____

Address: _____

Phone number: _____ Supervisor's Name: _____

Position(s) held: _____ From: _____ To: _____

Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by this previous employer? YES NO

Was the job position designated as a safety sensitive function in **any** DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR, part 40? YES NO

ATTACH ADDITIONAL PAGES AS NEEDED

FEDERAL MOTOR CARRIER SAFETY REGULATIONS (49 CFR §391.21) REQUIRE APPLICANTS WHO HAVE DRIVEN A COMMERCIAL MOTOR VEHICLE TO PROVIDE AN ADDITIONAL 7 YEARS OF EMPLOYMENT HISTORY FOR A TOTAL OF 10 YEARS

Employer Name: _____

Address: _____

Phone number: _____ Supervisor's Name: _____

Position(s) held: _____ From: _____ To: _____

Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by this previous employer? YES NO

Was the job position designated as a safety sensitive function in **any** DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR, part 40? YES NO

Employer Name: _____

Address: _____

Phone number: _____ Supervisor's Name: _____

Position(s) held: _____ From: _____ To: _____

Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by this previous employer? YES NO

Was the job position designated as a safety sensitive function in **any** DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR, part 40? YES NO

Employer Name: _____

Address: _____

Phone number: _____ Supervisor's Name: _____

Position(s) held: _____ From: _____ To: _____

Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by this previous employer? YES NO

Was the job position designated as a safety sensitive function in **any** DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR, part 40? YES NO

Employer Name: _____

Address: _____

Phone number: _____ Supervisor's Name: _____

Position(s) held: _____ From: _____ To: _____

Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by this previous employer? YES NO

Was the job position designated as a safety sensitive function in **any** DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR, part 40? YES NO

ATTACH ADDITIONAL PAGES AS NEEDED

EDUCATION AND OTHER QUALIFICATIONS

School	Name & Location	Course of Study	Years completed
High School			
College			
Other			

Have you ever served in the US Armed Forces? YES NO If Yes, which branch? _____

Are you currently serving in the Military Reserves? YES NO Are you currently serving in the National Guard? YES NO

List any other qualifications, experience or skills you have which you believe should be considered: _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of Teevin Bros Land & Timber Co., LLC

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- * Review Information provided by current/prior employers;
- * Have errors in the information corrected by previous employers, and for those employers to resend 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.

This certifies that I completed this application, and that all entries on it and the information in it are true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____