



APPLICANT INFORMATION							
Last Name		First		M.I.		Date of Birth (For CDL only)	
Street Address				Apartment/Unit #			
City		State		ZIP			
Phone		E-mail Address					
Date Available		Social Security No.		Desired Salary			
Position Applied for							
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				

LIST ALL PRIOR ADDRESSES IN LAST 3 YEARS							
<b>Street</b>		City		State		Zip	
From			To				
<b>Street</b>		City		State		Zip	
From			To				
<b>Street</b>		City		State		Zip	
From			To				

**DRIVER EXPERIENCE & QUALIFICATION**

**LICENSES** list all Drivers licenses or permits held in the last 3 years.

State	License Number	Type/Endorsements	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TRAFFIC VIOLATIONS AND ACCIDENTS, within prior 3 years.**

Date	Location	# Injuries/Accidents	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**LIST ALL PREVIOUS EMPLOYMENT IN LAST 3 YEARS**

APPLICANTS APPLYING FOR A POSITION OPERATING A COMMERCIAL MOTOR VEHICLE SHALL ALSO PROVIDE AN ADDITIONAL 7 YEARS' INFORMATION ON THOSE EMPLOYERS FOR WHOM THE APPLICANT OPERATED SUCH A VEHICLE.

<b>Company</b>		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Were you subject to Federal Motor Carrier Safety Regulations While employed?		YES <input type="checkbox"/> NO <input type="checkbox"/>
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?		YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Company</b>		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Were you subject to Federal Motor Carrier Safety Regulations While employed?		YES <input type="checkbox"/> NO <input type="checkbox"/>
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?		YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Company</b>		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Were you subject to Federal Motor Carrier Safety Regulations While employed?		YES <input type="checkbox"/> NO <input type="checkbox"/>
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?		YES <input type="checkbox"/> NO <input type="checkbox"/>

Northwest Rock, Inc.

642 Newkah Rd Aberdeen WA • T (360) 533-3050 • F (360) 533-3274

EDUCATION							
<b>High School</b>				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
<b>College</b>				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
<b>Other</b>				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

Describe any trucking, transportation or other experience that may help you in work for Northwest Rock, Inc. \_\_\_\_\_

\_\_\_\_\_

List special equipment or technical skills that you have experience with: \_\_\_\_\_

\_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

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. 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 the information provided, regarding current and/or former employment may be used, and those employer(s) will be contacted, for the purposes of 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 from previous employers corrected and have a rebuttal statement attached to the alleged erroneous information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, disability, national origin, sexual orientation and age.