

PRE-EMPLOYMENT APPLICATION QUESTIONNAIRE

Date of Application: _____

Full Name: _____
Printed Name: _____ Signature: _____

Street Address: _____

City: _____ State: _____ Zip: _____

DOB: _____
(Must meet the minimum age requirement set by the Federal Motor Carrier Rules and Regulations)

Phone: () _____ - _____ Cell Phone: () _____ - _____

State & Commercial Driver's License (CDL) # : _____

Expiration Date: _____

Have you had a minimum 2 years CDL driving experience: Yes / No *(Circle One)*

Do you have experience with the following? *(Check all that apply)*

<input type="checkbox"/> Multi Axle	<input type="checkbox"/> Heavy Haul	<input type="checkbox"/> Doubles Endorsements
<input type="checkbox"/> Flat Bed	<input type="checkbox"/> Tarping	<input type="checkbox"/> Mountain Pass Driving
<input type="checkbox"/> Curtain Van	<input type="checkbox"/> Tire Chains	<input type="checkbox"/> Winter Driving

Can you prove your previous work experience? Yes / No *(Circle One)*
If Yes, please list places of employment below: *(use back of form if more room is needed)*

_____	_____	_____	_____	_____	_____
Name of Company:	Address:	City:	State:	Zip:	Phone #:
_____	_____	_____	_____	_____	_____
Name of Company:	Address:	City:	State:	Zip:	Phone #:
_____	_____	_____	_____	_____	_____
Name of Company:	Address:	City:	State:	Zip:	Phone #:

If you have any questions, please call: (541) 926-6412

Mail completed and signed application to:

Human Resource Department

P.O. Box 438

Tangent, OR 97389