9449 N BURGARD WAY
PORTLAND, OR 97203

Please Print Clearly

DRIVER APPLICATION FOR EMPLOYMENT

Name _____ **Date** _____

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed servicemember status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Date of Birth _____ Social Security Number _____

Email Address _____ Telephone Number ( ) _____ - _____

Present Address _____
Street, Apartment, or Unit Number

_____ _____ How long have you lived there ____/____ Years/Months
City State Zip

RESIDENCE PAST THREE YEARS

Address	City	State	Zip Code	How long?

LICENSE INFORMATION

List all driver's licenses held for the past year three years. No person who operates a commercial vehicle shall at any time have more than one driver's license (49 CFR 383.21).

Driver's License number	Class A, B, C	State	Expiration Date	Endorsements
PREVIOUSLY HELD LICENSES				

Has any license, permit, or privilege ever been suspended or revoked? ☐ Yes ☐ No

If yes, explain:

_____

Have you ever been denied personal automobile insurance, or has it ever been terminated or suspended? ☐ Yes ☐ No

If yes, explain:

_____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, FLAT, TANK, ETC)	DATES FROM	TO	APPROXIMATE MILEAGE DRIVEN
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

TYPE OF EXPERIENCE	YES OR NO	# YEARS	DETAILS
HEAVY HAUL			
PORT			
CONTAINER			
NON-CONTAINER			
TIRE CHAINING			
E-LOG			

ACCIDENT RECORD FOR THE PAST 3 YEARS

DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES

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

DATE OF CONVICTION	VIOLATION	STATE	TYPE OF VEHICLE

EDUCATION

Education	Name and Location (Address, City, State)	Course of Study	Graduate? Y or N	Years Completed	Details
High School					
College					
Other					

EMPLOYMENT RECORD

All applicants shall list all employment for the last three years. If you have driven a commercial vehicle previously, you must provide previous employment history for an additional seven years (In total 10 years) in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.21). ***If necessary, an addendum would be provided for additional employment history.***

MOST RECENT OR CURRENT EMPLOYER									
NAME		DATE FROM		DATE TO					
ADDRESS		CITY		STATE		ZIP CODE			
PHONE NUMBER		POSITION HELD		REASON FOR LEAVING					
Were you subject to the Federal Motor Carrier Safety Regulations during this period?							☐ Yes	☐ No	
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?							☐ Yes	☐ No	

PREVIOUS EMPLOYER									
NAME		DATE FROM		DATE TO					
ADDRESS		CITY		STATE		ZIP CODE			
PHONE NUMBER		POSITION HELD		REASON FOR LEAVING					
Were you subject to the Federal Motor Carrier Safety Regulations during this period?							☐ Yes	☐ No	
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?							☐ Yes	☐ No	

PREVIOUS EMPLOYER									
NAME		DATE FROM		DATE TO					
ADDRESS		CITY		STATE		ZIP CODE			
PHONE NUMBER		POSITION HELD		REASON FOR LEAVING					
Were you subject to the Federal Motor Carrier Safety Regulations during this period?							☐ Yes	☐ No	
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?							☐ Yes	☐ No	

PREVIOUS EMPLOYER									
NAME		DATE FROM		DATE TO					
ADDRESS		CITY		STATE		ZIP CODE			
PHONE NUMBER		POSITION HELD		REASON FOR LEAVING					
Were you subject to the Federal Motor Carrier Safety Regulations during this period?							☐ Yes	☐ No	
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?							☐ Yes	☐ No	

EMPLOYMENT RECORD (continued)

PREVIOUS EMPLOYER							
NAME		DATE FROM		DATE TO			
ADDRESS		CITY		STATE		ZIP CODE	
PHONE NUMBER		POSITION HELD		REASON FOR LEAVING			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?					☐ Yes	☐ No	
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?					☐ Yes	☐ No	

PREVIOUS EMPLOYER							
NAME		DATE FROM		DATE TO			
ADDRESS		CITY		STATE		ZIP CODE	
PHONE NUMBER		POSITION HELD		REASON FOR LEAVING			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?					☐ Yes	☐ No	
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?					☐ Yes	☐ No	

PREVIOUS EMPLOYER							
NAME		DATE FROM		DATE TO			
ADDRESS		CITY		STATE		ZIP CODE	
PHONE NUMBER		POSITION HELD		REASON FOR LEAVING			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?					☐ Yes	☐ No	
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?					☐ Yes	☐ No	

PREVIOUS EMPLOYER							
NAME		DATE FROM		DATE TO			
ADDRESS		CITY		STATE		ZIP CODE	
PHONE NUMBER		POSITION HELD		REASON FOR LEAVING			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?					☐ Yes	☐ No	
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?					☐ Yes	☐ No	

PREVIOUS EMPLOYER							
NAME		DATE FROM		DATE TO			
ADDRESS		CITY		STATE		ZIP CODE	
PHONE NUMBER		POSITION HELD		REASON FOR LEAVING			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?					☐ Yes	☐ No	
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?					☐ Yes	☐ No	

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

* The Federal Motor Carrier Safety Regulations (FMCSRs) 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 pounds or more, (2) is designed or used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. • This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.

2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.

3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document. This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature _____ **Date** _____

Applicant Name (printed) _____

Moving Vehicle Report (MVR) Release Form

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

1. Certifies that the undersigned is an employee, or has applied to become an employee of the below named employer in a position which involves the operation of a motor vehicle, and the undersigned gives his or her consent to the release of their driving record (MVR) for review by **Portland Container Repair Corp.**
2. That the undersigned authorizes his or her driving record to be periodically obtained and reviewed for the purpose of initial and continued employment.
3. That all information presented in this form is true and correct. The undersigned makes this certification and affirmation under penalty of perjury and understands that knowingly making a false statement or representation on this form is a criminal violation.

Name of potential Employee: _____

License Number & State: _____

Date of Birth: _____/_____/_____

Signature of employee/potential employee: _____

Date: _____

Employer Authorized Representative Name: _____

Authorized Representative Signature: _____

Date: _____