



APPLICATION FOR EMPLOYMENT

PLEASE SEND YOUR COMPLETED APPLICATION TO:

EMAIL:

CAREERS@PACIFICSERVICECENTER.COM

OR MAIL TO:

**PACIFIC SERVICE CENTER
ATTN: HUMAN RESOURCES
4030 NE BUFFALO STREET
PORTLAND, OR 97211**



**APPLICATION FOR EMPLOYMENT –
APPLICANTS WITH COMMERCIAL DRIVER’S LICENSE (CDL) ONLY**

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Pursuant to FMCSR §391 .21(d) Before an application is submitted, the motor carrier must inform the applicant that the information he/she provides for the Employment History may be used, and the applicant's previous employers will be contacted, for the purpose of investigating the applicant's safety performance history information as required by paragraphs (d) and (e) of §391 .23. The prospective employer must also notify the driver in writing of his/her due process rights as specified in §391.23(i) regarding information received as a result of these investigations. You the applicant have the following rights: (i) The right to review information provided by previous employers; (ii) 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 motor carrier; (iii) 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.

Applicant name: _____ Date: _____

Position(s) applied for or type of work desired: _____

Phone: _____ Cell: _____ Date of birth: _____

Social security number: _____ - _____ - _____ Email: _____

Type of employment desired: _____ full-time _____ part-time _____ temporary

Do you have any objection to working overtime if necessary? Yes No

Can you travel if required by this position? Yes No

Have you ever been previously employed by our organization? Yes No

Is driving an essential job duty? Yes No

How were you referred to us? _____

CURRENT AND PAST 3 YEARS ADDRESSES (attach a separate sheet if necessary)

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

EXPERIENCE AND QUALIFICATIONS-DRIVER

Driver's License

List all licenses/permits held in last 3 years.

State	License Number	Type	Expiration

Driving Experience

Class of Equipment	Type of Equipment (van, tank, flat)	Dates		Approximate Total Miles
		From	To	

Accident Record for Past 3 Years (attach a separate sheet if necessary)

Date of Accident	Nature of Accident (head-on, rear-end, etc.)	Location of Accident	Number of Fatalities	Number of Injuries

Traffic Convictions and Forfeitures for Past 3 Years (other than parking violations)

Date	Location	Charge	Penalty

(Attach a separate sheet if necessary)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ___ No ___

B. Has any license, permit or privilege ever been suspended or revoked? Yes ___ No ___

If the answer to either A or B is yes, attach a statement giving details.

EMPLOYMENT HISTORY (attach a separate sheet if necessary)

DOT requires that employment for 3 years and/or Commercial Driving experience for the past 10 years be shown (begin with most recent employer).

Employer #1: _____ Position held: _____

Address: _____ Phone: _____

Immediate supervisor and title: _____

Dates employed: From _____ to _____

Job summary: _____

Reason for leaving: _____

Were you subject to the FMCSRs while employed here? ____ Yes ____ No

Were you in a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ____ Yes ____ No

Employer #2: _____ Position held: _____

Address: _____ Phone: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____

Job summary: _____

Reason for leaving: _____

Were you subject to the FMCSRs while employed here? ____ Yes ____ No

Were you in a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ____ Yes ____ No

Employer #3: _____ Position held: _____

Address: _____ Phone: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____

Job summary: _____

Reason for leaving: _____

Were you subject to the FMCSRs while employed here? ____ Yes ____ No

Were you in a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ____ Yes ____ No

Employer #4: _____ **Position held:** _____

Address: _____ **Phone:** _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____

Job summary: _____

Reason for leaving: _____

Were you subject to the FMCSRs while employed here? ____ Yes ____ No

Were you in a safety sensitive function in any DOT regulated mode subject to the alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ____ Yes ____ No

EDUCATIONAL HISTORY

List school name and location, course of study, and any degrees earned.

High school: _____

College: _____

Technical Training: _____

OTHER SKILLS AND QUALIFICATIONS

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

REFERENCES

List 3 references' names, telephone numbers, and years known (do not include relatives or employers):

I authorize Pacific Service Center to verify their accuracy and to obtain reference information on my work performance. I hereby release Pacific Service Center from any liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision on such information. I understand that, if employed, falsified statements of any kind or omission of facts called for on this application shall be considered sufficient basis for dismissal.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

This certifies 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.

Date: _____ Applicant signature: _____