



# NORTHWEST DISTRIBUTION & STORAGE

## APPLICATION FOR EMPLOYMENT

Driver • Maintenance • Warehouse

### ANSWER ALL QUESTIONS

You may save a copy of this completed form. Please print, sign, date and return the completed application and additional forms to Northwest Distribution & Storage | PO Box 3670 | Salem, OR 97302

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

### GENERAL INFORMATION

FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOW LONG? \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

#### ADDRESSES FOR PAST THREE YEARS: (ATTACH SHEET IF NECESSARY)

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOW LONG? \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOW LONG? \_\_\_\_\_

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES?  YES  NO

ARE YOU OVER 21 YEARS OF AGE?  YES  NO DATE OF BIRTH \_\_\_\_\_ (ANSWER ONLY IF APPLYING FOR DRIVING POSITION)

EMERGENCY CONTACT INFORMATION NAME \_\_\_\_\_ PHONE \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_ RATE OF PAY EXPECTED \_\_\_\_\_  FULL - TIME  PART - TIME  TEMPORARY

HAVE YOU WORKED FOR THIS COMPANY BEFORE?  YES  NO IF YES, WHERE? \_\_\_\_\_

DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ RATE OF PAY \_\_\_\_\_ POSITION \_\_\_\_\_

NAMES OF RELATIVES IN OUR EMPLOY \_\_\_\_\_ WHO REFERRED YOU? \_\_\_\_\_

ARE YOU NOW EMPLOYED?  YES  NO IF NO, HOW LONG SINCE LEAVING LAST EMPLOYMENT? \_\_\_\_\_

PLEASE DESCRIBE ANY REASONS YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING.

**EMPLOYMENT RECORD**

NOTE: List past employment for at least 10 years starting with the most recent. (Attach additional sheet if needed)

LAST EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

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EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

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EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

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EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

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EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

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**MILITARY STATUS**

HAVE YOU SERVED IN THE U.S. ARMED FORCES?  YES  NO

BRANCH \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ RANK AT DISCHARGE: \_\_\_\_\_

**EDUCATION**

PLEASE LIST HIGHEST GRADE COMPLETED

GRADE SCHOOL  COLLEGE

NAME OF LAST SCHOOL ATTENDED \_\_\_\_\_

ADDRESS \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

ARE YOU BONDABLE?  YES  NO \_\_\_\_\_

<b>DRIVER'S LICENSES</b>	STATE	LICENSE #	Type	EXPIRATION DATE
	_____	_____	_____	_____
	_____	_____	_____	_____

- 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
- C. HAVE YOU EVER BEEN DISQUALIFIED SUBJECT TO SECTION 391 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?  YES  NO

\*\* IF YOU ANSWERED YES TO A, B OR C, ATTACH A STATEMENT GIVING DETAILS \*\*

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES: FROM	TO	APPROX. # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

LIST STATES OPERATED  
IN FOR LAST 5 YEARS \_\_\_\_\_

LIST SPECIAL COURSES OR TRAINING  
THAT WILL HELP YOU AS A DRIVER \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO  
YOU HOLD AND FROM WHOM? \_\_\_\_\_

		DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC)	FATALITIES	INJURIES
		ACCIDENT REVIEW FOR PAST 10 YEARS (Attach additional sheet if necessary)	LAST ACCIDENT		
	NEXT PREVIOUS				
	NEXT PREVIOUS				

	LOCATION	DATE	CHARGE	PENALTY
TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 10 YEARS (OTHER THAN PARKING VIOLATIONS - Attach additional sheet if necessary)				

**EXPERIENCE AND QUALIFICATIONS - MAINTENANCE**

LIST COURSES AND TRAINING IN  
MAINTENANCE WORK

**INDICATE TRAINING AND EXPERIENCE IN THE FOLLOWING:**

TRAINING (CHECK)	YEARS EXP.	MAKE OF ENGINE
DIESEL ENGINE <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
TUNE UP <input type="checkbox"/>	<input type="text"/>	
REBUILD <input type="checkbox"/>	<input type="text"/>	
		MAKE OF ENGINE
GASOLINE ENGINE <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
TUNE UP <input type="checkbox"/>	<input type="text"/>	
REBUILD <input type="checkbox"/>	<input type="text"/>	
GEARING SYSTEM <input type="checkbox"/>	<input type="text"/>	
TRANSMISSION <input type="checkbox"/>	<input type="text"/>	
REAR END <input type="checkbox"/>	<input type="text"/>	
AIR BRAKES <input type="checkbox"/>	<input type="text"/>	
HYDRAULIC BRAKES <input type="checkbox"/>	<input type="text"/>	
COOLING SYSTEM <input type="checkbox"/>	<input type="text"/>	
ELECTRICAL REPAIR <input type="checkbox"/>	<input type="text"/>	
A/C , REFRIG. <input type="checkbox"/>	<input type="text"/>	
WHEEL CHANGE <input type="checkbox"/>	<input type="text"/>	
FLAT REPAIR <input type="checkbox"/>	<input type="text"/>	
FRAME ALIGNMENT <input type="checkbox"/>	<input type="text"/>	
WHEEL ALIGNMENT <input type="checkbox"/>	<input type="text"/>	
BODY WORK <input type="checkbox"/>	<input type="text"/>	
TRAILER REPAIR <input type="checkbox"/>	<input type="text"/>	
OTHER <input type="checkbox"/>	<input type="text"/>	

SPECIFY

**INDICATE EQUIPMENT YOU CAN OPERATE:**

TRAINING (CHECK)	YEARS EXP.
ELECTRIC ARC WELDING <input type="checkbox"/>	<input type="text"/>
HEL-ARC WELDING <input type="checkbox"/>	<input type="text"/>
WIRE FEED WELDING <input type="checkbox"/>	<input type="text"/>
OXYACETYLENE TORCH <input type="checkbox"/>	<input type="text"/>
FRAME & AXLE STRAIGHTENING EQUIPMENT <input type="checkbox"/>	<input type="text"/>
INJECTOR & FUEL PUMP REBUILDING EQUIPMENT <input type="checkbox"/>	<input type="text"/>
WHEEL AND TIRE BALANCING EQUIPMENT <input type="checkbox"/>	<input type="text"/>
TIRE RECAPPING EQUIPMENT <input type="checkbox"/>	<input type="text"/>
ENGINE / CHASSIS DYNAMOMETER <input type="checkbox"/>	<input type="text"/>
MAGNETIC CRACK DETECTION EQUIPMENT <input type="checkbox"/>	<input type="text"/>
ENGINE ANALYZER <input type="checkbox"/>	<input type="text"/>
EMISSION MEASUREMENT EQUIPMENT <input type="checkbox"/>	<input type="text"/>
PAINT SPRAY BOOTH / EQUIPMENT <input type="checkbox"/>	<input type="text"/>
OTHER <input type="checkbox"/>	<input type="text"/>

SPECIFY

**EXPERIENCE AND QUALIFICATIONS - PLATFORM**

LIST TYPES AND YEARS OF PLATFORM EXPERIENCE

LIST PLATFORM EQUIPMENT YOU CAN OPERATE (LIFT TRUCK, ETC.)

LIST COURSES OR TRAINING IN PLATFORM WORK

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**REFERENCES**

LIST NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ YRS. KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ YRS. KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ YRS. KNOWN: \_\_\_\_\_

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**TO BE READ AND SIGNED BY APPLICANT**

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or 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 understand, also, that I am required to abide by all rules and regulations of the Company.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**PROCESS RECORD**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_  
DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

**THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE**

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PHYSICAL EXAM**						
4. PAST EMPLOYMENT						
5. WRITTEN EXAM						
6. ROAD TEST						
7. POLICE / TRAFFIC RECORD						

\*\*DRIVER APPLICANTS ONLY

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_  
DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_  
REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_