



APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

General Information

Last Name	First	Middle	Date
Street Address			Home Phone
E-Mail Address			Cell Phone
Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Position or Type of Employment Desired?	Part Time <input type="checkbox"/>	Day <input type="checkbox"/>
	Full Time <input type="checkbox"/>	Swing <input type="checkbox"/>
Salary/Wage Desired:		Graveyard <input type="checkbox"/>
Have you worked for us before?	Willing to travel?	
If yes, when?	Date available	

How did you learn of our organization?

Education

Type of School	Name and location of school	Course of Study	No. of years completed	Did you graduate?	Degree or Diploma
College					
High School					
Trade School					
Military					
Other					

Special Skills (List all pertinent skills and equipment that you can operate.)

Are you able to perform the essential functions of the job you are applying for? Yes No

Are you capable of climbing a ladder? Yes No If not, why _____

Are you capable of lifting 85 lbs? Yes No If not, why _____

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

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

If yes to either of the above questions, please describe in full. _____

Have you been convicted of a crime in the past 10 years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? Yes No

If yes to either of the above questions, please describe in full. _____



Work Experience (Most recent first, include voluntary work, and military experience)

Employer	Telephone #	From (Month/Year)
Address		
Job Title		To (Month/Year)
Specific Duties		Hours Per Week
		Rate/Salary
		Supervisor
Reason For Leaving	May We Contact This Employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to FMCSR's _____ Were you in a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	Telephone #	From (Month/Year)
Address		
Job Title		To (Month/Year)
Specific Duties		Hours Per Week
		Rate/Salary
		Supervisor
Reason For Leaving	May We Contact This Employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to FMCSR's _____ Were you in a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	Telephone #	From (Month/Year)
Address		
Job Title		To (Month/Year)
Specific Duties		Hours Per Week
		Rate/Salary
		Supervisor
Reason For Leaving	May We Contact This Employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to FMCSR's _____ Were you in a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		



TRUCK DRIVER APPLICANTS ONLY (Boxed in area only)

LICENSE INFORMATION Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT TANK, FLAT, DUMP, ETC	DATES (MONTH/YEAR)		APPROX NO. OF MILES
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI TRAILER				
TRACTOR/TRAILER OFF ROAD				
TRACTOR - TWO TRAILERS				
OTHER				

ACCIDENTS, TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (DO NOT INCLUDE PARKING VIOLATIONS)

DATE (MONTH/YEAR)	NATURE OF ACCIDENT/VIOLATION (HEAD ON, REAR END, SPEEDING, ETC)	STATE	NO. OF FATALITIES	NO. OF INJURIES	CHEMICAL SPILLS
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

- Yes, I have tested positive for drugs/alcohol, had an invalid result, or refused to take a pre-employment drug test in the three years preceding the date of this application
- No, I have not tested positive for drugs/alcohol, had an invalid result, or refused to take a pre-employment test in the three years preceding the date of this application.

DOT regulations prohibit our utilizing you to perform a "safety-sensitive function" (driving a commercial motor vehicle) if you had a positive or invalid test, or a refusal to test until and unless you provide documents showing successful completion of the return-to-duty process in accordance with DOT regulations.

I certify the information contained in this application is true, correct, and complete. I understand that if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ **Date** _____

Interviewer's Comments:

RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING
INFORMATION BY APPLICATION/DRIVER REQUIRED BY PART 40.25(j).

PART 40.25(j) requires Employers to ask Applicant/Driver whether he/she tested positive or refused to test on any Pre-Employment alcohol or drug test administered by an Employer to which the applicant/driver applied but did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past three (3) years.

Date:
Name:
Social Security No. / Driver ID No.:

Applicant/Driver to answer items listed below.

During the past three (3) years have you **tested positive** on a Pre-employment alcohol or drug test administered by an Employer to which you applied for, but did not obtain safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?

YES _____ NO _____

During the past three (3) years have you **refused to test** on a Pre-employment alcohol or drug test administered by an Employer to which you applied for, but did not obtain safety sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

YES _____ NO _____

If you answered YES to either of the questions above, please provide documentation of your successful completion of the return-to-duty process required by Part 40 Subpart O.

Signature of Applicant	
Witness	



REQUEST FOR MOTOR CARRIER REQUIRED DRIVING RECORDS

You must have a DMV Record Inquiry Account to use this form. Your D.O.T. number is not a valid account number for ordering DMV records.* If you do not have a DMV Record Inquiry Account please see the note below.

Company Name: T2, Inc
PRINT NAME

DMV Account #: 05347

AUTHORIZATION TO RELEASE EMPLOYMENT DRIVING RECORD WITH DRUG TEST RESULT INFORMATION

Oregon Driver License Number: _____

Driver Name: _____ Date of Birth: _____
PLEASE PRINT

I authorize the release of my employment driving record including drug test results reported under ORS 825.410.

Please mail to: T2, INC
COMPANY NAME

44501 Wiley Creek Dr. Sweet Home, OR 97386
COMPANY ADDRESS

or:
FAX to: 541-367-1016
COMPANY FAX NUMBER

Signature of Driver: X Date: _____

A complete driving history with CDL medical information and a three year employment driving record with any drug test result information will be provided by submitting this form. Your account will be charged \$5.00.

* If you do not have a DMV Record Inquiry Account, you may use Form 735-7195 *Affidavit to Authorize the Release of Employment Driving Record With Drug Test Result Information* and Form 735-7122 *Request for Information*, to order the Certified Court Print with CDL Medical Certification driving record.

MAIL OR FAX REQUEST TO: DMV RECORD SERVICES
1905 LANA AVE NE
SALEM OR 97314

FAX NUMBER: 503-945-5425 or 503-947-1168

Please call Record Services at 503-945-5475 with questions regarding this form.

If you want information on obtaining a DMV Record Inquiry Account, please call DMV Records Policy Unit at (503) 945-7950.

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1:

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
 First, M.I., Last _____ here by authorize: _____
 Social Security Number _____
 Date of Birth _____

Previous Employer: _____ Email: _____
 Street: _____ Telephone: _____
 City, State, Zip: _____ Fax No.: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____
 (date of employment application)

To:
 Prospective Employer: T2, Inc
 Attention: Angie Telephone: 541-367-5180
 Street: 44501 Wiley Creek Dr.
 City, State, Zip: Sweet Home OR 97386

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: 541-367-1016
 Prospective employer's confidential email address: **TRISH@T2INCORPORATED.COM**

X _____ X _____
 Applicant's Signature Date

This information is being requested in compliance with §40.25 and §391.23.

SECTION 2:

TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. Yes No
 Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semitrailer Bus
 Cargo Tank Doubles/Triples Other (Specify) _____

If there is no safety performance history to report, check here , sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Signature: _____
 Title: _____ Date: _____

COMPLETE FORM THEN MAKE A COPY FOR YOUR RECORDS

SECTION 3:

TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If driver was **not** subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from _____ to _____, complete bottom of Section 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____ .

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Section 3 Completed by (Signature): _____ Date: _____

SECTION 4a:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: _____

SECTION 4b:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone

Date: _____ Other _____

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SIDE 1 SECTION 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

SIDE 2 SECTION 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

SIDE 2 SECTION 4a: Prospective Employer

- Complete the information required in this section
- Make a copy of this form for your records
- Send to Previous Employer

SIDE 2 SECTION 4b: Prospective Employer

- Record receipt of the information
- Retain the form

SIDE 1 SECTION 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: T2, Inc - Sweet Home, OR

To: _____ Date: _____

Social Security Number: _____

_____ has made application to this company for a position as _____

and states that he/she was employed by you as _____ from _____ to _____ .
 Will you please reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience in replying by return mail, we have enclosed a stamped self-addressed envelope.

Very truly yours,
 Safety Department

1. Is the employment record with your company correct as stated above? _____
2. What kind(s) of work did the applicant do? _____
3. Did the applicant drive motor vehicles for you? Passenger car _____ Straight truck _____ Bus _____
 Tractor-Semitrailer _____ Other (specify) _____
4. Was the applicant a safe and efficient driver? _____
5. Give the dates of vehicle accidents in which he/she was involved. _____
6. Reason for leaving your employ: Discharged _____ Laid off _____ Resigned _____
 Remarks: _____
7. Was the applicant's general conduct satisfactory? _____
8. Is the applicant competent for the position sought? _____
9. Did the applicant drink any alcoholic beverages while on duty? _____

	Excellent	Good	Fair	Poor	Very Poor
Quality of work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety habits	_____	_____	_____	_____	_____
Personal habits	_____	_____	_____	_____	_____
Driving skill	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Remarks: _____

Date: _____ Signature: _____

Name of Company: _____

(Detach here for your records)

 (Name of Former Employer) Date: _____

You are hereby authorized to give to _____
 (Name of Prospective Employer)

all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to the above named company.

X _____ X _____
 Signature Date