



PO Box 668
Wilbur, OR 97494

EMPLOYMENT APPLICATION

Social Security Number: _____ Last Name: _____ First Name: _____ Middle Initial: _____

List any Aliases / Nicknames: _____

ADDRESS INFORMATION

Address: _____ Phone #: _____

City: _____ St: _____ Zip: _____ Message Phone #: _____

PREVIOUS ADDRESSES: DURING THE LAST THREE YEARS, BEGINNING WITH THE MOST RECENT

Address: _____ Phone #: _____

City: _____ St: _____ Zip: _____ Message Phone #: _____

Address: _____ Phone #: _____

City: _____ St: _____ Zip: _____ Message Phone #: _____

Address: _____ Phone #: _____

City: _____ St: _____ Zip: _____ Message Phone #: _____

Address: _____ Phone #: _____

City: _____ St: _____ Zip: _____ Message Phone #: _____

Address: _____ Phone #: _____

City: _____ St: _____ Zip: _____ Message Phone #: _____

GENERAL INFORMATION

Are you employed now? Yes ☐ No ☐ When can you begin start work? _____

Are you applying for part-time work? Yes ☐ No ☐

Do you or have you ever had any relative(s) employed by Gene Whitaker Inc? Yes ☐ No ☐ If yes, who? _____

Have you ever been employed by Gene Whitaker Inc? Yes ☐ No ☐ When? _____

EDUCATION

	NAME OF SCHOOL	ADDRESS <u>(City, State, Zip)</u>	GRADUATE		COLLEGE MAJOR	CUM. GPA
			YES/NO	TYPE OF DEGREE		
HIGH SCHOOL						
COLLEGE (Undergrad)						
COLLEGE (Graduate)						
TECHNICAL, BUSINESS OR OTHER						
OTHER						
OTHER						

EMPLOYMENT RECORD

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes ☐ No ☐

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ☐ No ☐

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes ☐ No ☐

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ☐ No ☐

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information."

☐ I Acknowledge (Required)

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.

ELECTRONIC SIGNATURE: Please type your name as it is shown on your driver's license and select today's date.

Legal Full Name

DATE

Note: A motor carrier may require an application to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

DRIVER AND MECHANIC SUPPLEMENT

DRIVING EXPERIENCE

Last Name

First Name

Social Security Number

Region

District

Are you under 21 years of age? Yes ☐ No ☐ If yes: Date of Birth _____

How many years have you been driving? Passenger Car? _____ Employer's Vehicle? _____

How many years have you driven commercially? _____ Can you drive a clutch operated transmission vehicle? Yes ☐ No ☐

LIST ALL DRIVING LICENSES EVER HELD

STATE ABBREV	LICENSE NUMBER	EXPIRATION DATE	RESTRICTIONS	COMMERCIAL, CHAUFFEUR or OPERATOR

Has any license you have ever held been:

Suspended: Yes ☐ No ☐ Revoked: Yes ☐ No ☐

When? _____ What state(s)? _____

For how long? _____ Years _____ Months

Why? _____

Indicate any safe driving awards you have received and from whom _____

Have you any other driving experience? Yes ☐ No ☐

Vehicle _____

Record miles driven for each type of vehicle:

Tractor-Trailer _____ Bus _____ 2½ Ton _____

Van _____ Other _____

In what state(s)? _____

DRIVING RECORD

How many accidents have you ever been involved in, regardless of severity? _____

How many as the operator of a: Commercial Vehicle? Yes ☐ No ☐ Private Car? Yes ☐ No ☐

	DATE	CITY AND STATE	BRIEF DESCRIPTION OF ACCIDENT
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			
NEXT PREVIOUS			

List all traffic violations, other than parking, for which you have ever been convicted.

DATE OF VIOLATION	TYPE OF VIOLATION	NAME & LOCATION OF COURT	DATE OF CONVICTION	DISPOSITION AND FINE

Are there any employers whom you DO NOT wish us to contact? _____

Have you ever been discharged by a previous employer? Yes ☐ No ☐ If yes, when? _____

Why are you applying for this position? _____

U.S. MILITARY SERVICE

Yes ☐ No ☐ Branch _____ Rank or Rating _____
Date of First Induction _____ Date of Last Separation _____
Specialty _____
Service Schools _____

Upon request, prior to commencement of employment, you must provide a copy of the form DD214.

APPLICATION AGREEMENT

I understand and acknowledge that nothing contained in this application, its supplement(s), or in any Company handbook, manual, rule, regulation, practice, or policy creates an employment contract, express or implied, between myself and the Company. I further understand that in the event that I am offered a position at the company, my employment shall be at will. As such, I acknowledge that my employment may be terminated at any time, either by me or by the Company, with or without cause, and with or without prior notice.

I authorize the Company to verify employment references in connection with my application for employment and to re-verify those references subsequently as the Company deems appropriate. I hereby release from all liability or damages those individuals, corporations, or organizations who provide such information to the Company. I understand that any such information provided shall become the exclusive property of the Company.

Upon my hire and in consideration of my employment, I agree to comply with all applicable policies, rules, regulations, and procedures of the Company. I understand that my failure to comply with those policies, rules, regulations or procedures may lead to disciplinary action against me, up to and including termination of my employment.

As a condition of employment, I consent to taking a Department of Transportation medical examination and such future examinations if required by federal law and/or by the Company. I understand any offer of employment is conditional upon my successful completion of such medical examinations.

I acknowledge that I have received information about the minimum qualifications, starting pay rates, locations, shifts, operations, and operations within the locations which may consider my application.

This certifies that this application was completed by me or at my direction and that all entries on it and the information in it are true and complete to the best of my knowledge. I understand that any false or misleading statements, omissions, or failure on my part to fully answer any questions on this application may result in the rejection of my application for consideration of employment or my dismissal from employment, regardless of when such information is discovered.

☐ I Acknowledge (Required)

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.

ELECTRONIC SIGNATURE: Please type your name as it is shown on your driver's license and select today's date.

Legal Full Name

DATE

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with Gene Whitaker, Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Gene Whitaker, Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

☐ I Acknowledge (Required)

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.

ELECTRONIC SIGNATURE: Please type your name as it is shown on your driver's license and select today's date.

Legal Full Name

DATE

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

ACCOUNT HOLDER REQUEST FOR COMPLETE DRIVING HISTORY

INCLUDES CDL MEDICAL INFORMATION AND DRUG TEST INFORMATION

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: _____
PRINT NAME

DMV Account #: _____

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 and Chapter 163, Oregon Laws 2013.

**PLEASE
mail to:**

COMPANY NAME

COMPANY ADDRESS

**OR
FAX to:**

COMPANY FAX NUMBER

Signature of Driver: X _____ **Date:** _____

A complete driving history with CDL Medical Examiner's Certificate information and a three year employment driving record with 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 **must** use Form 735-7195 *Request for Complete Driver History*, to order a complete driving history with CDL Medical Examiner's Certificate information and a three year employment driving record with drug test result information.

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

FAX NUMBER: 503-588-0155 or 503-588-0156

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.

DRUG & ALCOHOL CLEARINGHOUSE

CONSENT FOR LIMITED QUERIES

NOTICE TO DRIVER: The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that only indicates whether the Clearinghouse has any information about you. Before a motor carrier may request a limited report, they must have your written authorization, per §382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

NOTICE TO MOTOR CARRIER: This consent form authorizes you to run a "limited query" to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per §382.701(b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

AUTHORIZATION

I, _____, hereby authorize _____
(Driver's printed name) (Name of motor carrier)

to conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above-named motor carrier.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver's Signature: _____

ID Number: _____ Date: _____