



APPLICATION FOR EMPLOYMENT

Business Phone 503-569-7070

Fax # 877-560-8416 Email: dispatch@wvtransport.com

NAME: _____

DATE: _____

ADDRESS: _____

TELE: _____

DATE AVAILABLE FOR EMPLOYMENT: _____

WAGES DESIRED: _____

POSITION DESIRED: _____

- Are you employed now? [] YES [] NO
- Are you lawfully authorized to work in the U.S.? [] YES [] NO
- Have you ever been employed by this Company? [] YES [] NO
- Can you perform the essential functions of the job for which you are applying? [] YES [] NO

Are you available to work: [] Full-Time [] Part-Time [] Overtime

List days or times you would NOT be available to work:

Day:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time:							

EDUCATION

Level Completed: [] Elementary [] High [] College [] Graduate

Name of School: _____

City/State: _____

Years Completed: 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4

Course of Study: _____

JOB-RELATED SKILLS AND QUALIFICATIONS

Summarize job-related skills and qualifications, experience, employment or other activities related to the job you are seeking _____

This employer is an equal employment opportunity employer. All applicants will be considered without regard to age color national origin, religion, sex or other protected status in accordance with applicable federal and state equal employment opportunity laws.

References

List 3 non-relatives who are familiar with your qualifications and actual work history and ability.

Name	Occupation / Relationship	Years Known	Telephone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Employment Experience

Start with your present or last job. List your last 4 jobs in order. Do not omit any job.

Employer: _____ Date Hired: _____ To: _____
Address: _____ Total length of Employ: _____

Supervisors Name: _____ Telephone: _____
Position Held: _____ Length of Time at Position: _____
Reason for Leaving: _____

Employer: _____ Date Hired: _____ To: _____
Address: _____ Total length of Employ: _____

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Supervisors Name: _____ Telephone: _____
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Reason for Leaving: _____

Employer: _____ Date Hired: _____ To: _____
Address: _____ Total length of Employ: _____

Supervisors Name: _____ Telephone: _____
Position Held: _____ Length of Time at Position: _____
Reason for Leaving: _____

Explain any gaps in your employment: _____



ACKNOWLEDGEMENT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT.

PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

[] YES [] NO

I understand that any job offer that may be extended to me will be contingent upon the successful completion of a drug test and a physical examination.

[] YES [] NO

I will be responsible for familiarizing myself with all rules and regulations of this Company as they presently exist or are later modified. I recognize that my employment can be terminated, at the discretion of the Company or at my option without notice, at any time, except as specifically set forth in writing in a current individual employment agreement approved in writing by the President or a Collective Bargaining Agreement.

[] YES [] NO

I also understand that no representative of the Company has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits or terms and conditions of employment, except as specifically stated in a current individual written agreement approved in writing by the President of the Company or a Collective Bargaining Agreement.

[] YES [] NO

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.

I have read, understand and agree with the above.

By: _____

Signature of Applicant

Date