

Date \_\_\_\_\_

### APPLICATION FOR EMPLOYMENT

Ireland Trucking is an equal opportunity employer and does not discriminate in employment because of race, color, gender, or other characteristics protected by law.

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ Do you have an Oregon CDL?  Yes  No

TYPE OF WORK APPLYING FOR: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ (REQUIRED FOR FMCSA CLEARINGHOUSE)

#### PLEASE CHECK JOB EXPERIENCE

TRUCKING \_\_\_\_\_ yrs.

SHOP \_\_\_\_\_ yrs.

LOG HAULING \_\_\_\_\_ yrs.

MECHANIC (helper, diesel, work, other) \_\_\_\_\_ yrs.

SHORT LOGGER \_\_\_\_\_ yrs.

TIRE MAN \_\_\_\_\_ yrs.

HIGHWAY EXPERIENCE \_\_\_\_\_ yrs.

RETREADING \_\_\_\_\_ yrs.

OTHER: \_\_\_\_\_

#### EMPLOYMENT RECORD:

Note: DOT requires that employment for at least 3 years and/or Commercial Driving Experience for the past 10 years be shown.

(Attach sheet if more space is needed)

LAST EMPLOYER: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

PREVIOUS EMPLOYER: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

PREVIOUS EMPLOYER: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

NEW EMPLOYEES ARE SUBJECT TO DRUG TESTING

PREVIOUS EMPLOYER: NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

PREVIOUS EMPLOYER: NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

PREVIOUS EMPLOYER: NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
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SUPERVISOR: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

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ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
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ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
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SUPERVISOR: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

PREVIOUS EMPLOYER: NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. # OF MILES (TOTAL)
		FROM	TO	
Log Truck				
Tractor and Semi- Trailer				
Tractor-Two Trailer				
Rock/Bottom Dump				
Other				

**INCIDENT & ACCIDENT RECORD FOR PAST 10 YEARS OR MORE**

(Attach sheet if more space is needed)

DATES	NATURE OF INCIDENT/ACCIDENT	FATALITIES	INJURIES

**TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 6 YEARS**

(OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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 apprehended or revoked? YES  NO

**IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS**



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

# 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: Ireland Trucking  
PRINT NAME

DMV Account #: 27227

## 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: Ireland Trucking  
COMPANY NAME

accounting@irelandtrucking.com  
COMPANY ADDRESS

or: (541) 863-4198  
COMPANY FAX NUMBER

Signature of Driver: X Date: \_\_\_\_\_

A complete driving history with CDL medical information and a three year employment driving record with positive 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 *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:** 503-588-0155

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.

## EDUCATION

Name, Address, and Location of School	Highest Grade Completed	Did you Graduate?
High School:		
College or University:		
Vocational or Technical School:		

Are you eligible to work in the United States?       Yes       No

Do you have any commitments or agreements with another employer that may affect your employment here?

Yes       No      If yes, please explain \_\_\_\_\_

Have you ever applied here before?       Yes       No

Have you ever been employed here before?       Yes       No

Do you have any relatives that have worked here?       Yes       No

If yes, please give name or names \_\_\_\_\_ \*

\* \* \* PLEASE READ \* \* \* \* AFFIDAVIT \* \* \* \* PLEASE READ \* \* \* \*

I certify that, to the best of my knowledge, the information contained in this application is true and complete. I understand that my employment may be denied or terminated if I prove false, misleading, or incomplete information during the hiring process or my employment.

I understand that, if I am hired, I must produce applicable documents showing that I am lawfully authorized to work in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.

I understand and agree that my prior employers, educational institutions, and other references, listed or not listed on this application may be contacted by the Company. These references are authorized to give the Company any and all pertinent information they may have. I release all persons or entities involved, including the Company, from all liability arising from this contact and provision of information.

I agree to submit to any post-offer, pre-employment testing or physicals, as required by the Company.

I agree to conform to all the Company's policies, rules, and procedures.

Furthermore, I understand and agree that nothing contained in this employment application, granting of an interview, or in the offer of employment creates a contract for employment between the Company and myself. If an employment relationship is established, I understand that, unless specifically limited in an express, formally executed contract, I have the right to terminate my employment at any time and for any reason and the Company has the same right.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_