



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME _____
(First) (Middle) (Last)

ADDRESS _____ How Long _____
(Street) (City/State/ZipCode)

Date of Birth _____

Phone # _____ Alternate Phone # _____

Emergency Contact (Name) _____ Relationship _____

Address _____ Phone # _____
(Street) (City/State/ZipCode)

Position Applying For: _____ Date Available _____

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.

Currently Employed? Yes NO May we Contact your employer? Yes NO

Current Employer Name: _____ Supervisor _____

Address _____ Phone # _____

Position _____ From _____ TO _____ Salary _____

Reason for Leaving _____

Previous Employer Name: _____ Supervisor _____

Address _____ Phone # _____

Position _____ From _____ To _____ Salary _____

Reason for Leaving _____

Previous Employer Name: _____ Supervisor _____

Address _____ Phone # _____

Position _____ From _____ To _____ Salary _____

Reason for Leaving _____

EXPIERIENCE & QUALIFICATIONS - DRIVER

Driver License _____
(STATE) (LICENSE NO) (TYPE) (EXP. DATE)

Other License/Certificate _____

DRIVING EXPIERIENCE

CLASS of EQ.	Type of Equipment (Van, Tank, Flat, Etc)	Dates From	TO	Approx. Miles

ACCIDENT RECORD FOR PAST 3 YEARS or MORE (attach sheet if more space is needed)

DATE	Nature of Accident	Fatalities	Injuries

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (other than parking)

Location	Date	Charge	Penalty

Do you have a valid First Aid Card? YES NO
 All our positions involve heavy lifting and pulling. Do you have any back problems or other handicaps which would affect your ability to do these activities? Yes NO
 Do you have any additional experience, skill training or education which you believe would benefit you in the position which you are applying? _____

I authorize investigation of all statement contained in the application. I certify that the above information is true and correct and understand that falsification of information given will be grounds for my discharge from employment. I also understand that I will be subject to drug testing as a pre-employment screening and also randomly as a condition of employment of Mountain Logging, Inc.

Signature _____ DATE _____

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 knowledge.
 Note; A motor carrier may require and applicant to provide information in addition to information required by the Federal Motor Carrier Salary Regulations